AN EVALUATION OF THE NURSING MINIMUM DATA SET AND THE NURSING INTERVENTION CLASSIFICATION USING FLIGHT NURSE DOCUMENTATION

by

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ABSTRACT

The Nursing Minimum Data Set (NMDS) and the Nursing Interventions Classification (NIC) are standardized nomenclatures to describe nursing care core data. The aim of this study was to evaluate the effect of the NMDS and the NIC in flight nursing practice. The study investigated the usefulness of the NMDS for flight nursing documentation and nursing activities performed by flight nurses. The study also examined whether the activities and interventions of flight nurses were consistent with the NIC as proposed in the Iowa Intervention project.

The documentation for 20 cardiac patients transported by rotor wing aircraft was examined and analyzed. Findings demonstrated that nursing interventions were the most frequently found elements from the NMDS. Hemodynamic Regulation was the most frequently occurring nursing intervention from the NIC. Although the NMDS and NIC can be used, the fit was not always sufficient or strong. Recommendations are given for strengthening the NMDS and NIC for use in flight nursing practice.

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CHAPTER 1

INTRODUCTION

Aeromedical transport systems have existed for about 30 years. Air ambulances, including helicopter and fixed-wing, transport more than 175,000 patients annually in the United States. They transport critically ill or injured patients quickly and provide them with the appropriate level of care (Association of Air Medical Service (AAMS), 1995). The scope of practice of air medical personnel addresses both medical and nursing needs with the goal of reducing morbidity and mortality through rapid intervention and transportation.

Flight nurses have always played an influential role in the aeromedical transport system (Steenson & Erdman, 1989). They are primary caregivers by contributing within expanded roles. As part of this role, flight nurses assume the responsibility for assuring quality within their scope of practice (Eastes, 1989). However, according to Eastes, the assumption that flight nurses provide quality care and that air transport necessarily reduces morbidity and mortality cannot always be made. She states this is because of the lack of documentation of their decision-making and contributions when providing patient care. This conclusion partly derives from the common assumption that "If it's not written, it wasn't performed" (Kiefer, Schwartz, & Jacobs, 1993, P. 11). Kiefer and colleagues

(1993) state that professional accountability and credibility can be proven or substantiated through nursing documentation. If documentation is poor, the assumption can be made that patient care also has been substandard.

Nurses are the primary information managers in the health care setting. To efficiently store and retrieve flight nurse documentation, a computer information system needs to be developed. A computerized system would not only transfer important patient information to support continuity care, but also would allow immediate access to critical patient information during lift-threatening situations (Milholland & Heller, 1992). An information system supports documentation of the nursing process and provides tools for managing the delivery of nursing care (Hendrickson, 1993). In addition, most nurses recognize implementation of nursing computerized systems as a current trend (McCloskey, 1994).

However, nursing has been slower than other professions in developing systems for their use. The development and implementation of a computerized database requires that the need for a standardized classification of nursing knowledge be addressed first (McCloskey, 1994). Nurses do not record in a standard format when documenting patient care, nursing interventions, and patient outcomes. This practice results in nursing documentation that cannot be abstracted into databases for analysis (Ozbolt, Frughtnight, & Hayden, 1994) and does not support the development of clinical nursing data sets.

The diversity and amount of nursing documentation make communicating with other health providers and the public difficult (McCloskey & Bulechek, 1994). Nursing care is crucial to the welfare of patients, but the effect of nursing care is practically invisible to both the public and the policy makers. The most detrimental barrier is that

nursing lacks a common language. Nurses must adopt a standard language in order to develop a computer system that is accessible to all nurse providers to show the effect of nursing care (McCloskey, 1995; Simpson, 1994).

Both the Nursing Minimum Data Set (NMDS) and the Nursing Intervention Classification (NIC) system describe nursing data. "The NMDS is a standardized approach that facilitates the abstraction of essential, core minimum data to describe nursing practice" (Werley, Ryan, Zorn, & Devine, 1994, p. 113). According to Rantz (1995), implementation of the NMDS elements in all computerized medical records is essential to facilitate the development of nursing quality management. The NMDS is unique in that it is the only data set describing all of nursing practice and includes nursing care elements. In contrast, the NIC classifies just one of the NMDS data elements, nursing intervention. The NIC is a standardized classification of 433 nursing interventions and is one of the nursing languages contained in the National Library of Medicine's Metathesaurus for a Unified Medical Language (McCloskey, 1995).

However, the NMDS and NIC are not sufficient as tools for developing computerized documentation for flight nurses. The NMDS does not specify particular taxonomies to use in instantiation of the data elements. As a result, inconsistencies in use of terminology for documentation are perpetuated. In addition, the reliability, usefulness, and adequacy of the current NMDS are questionable (Hays, Norris, Martin, & Androwich, 1994). Additionally, the NMDS does not included nursing assessment data.

Nursing assessment is an extremely important component of the nursing process. "Nursing assessment is the systematic collection and organization of data necessary to make decisions to support nursing care" (Werley & Lang, 1988, p. 386). Assessment data

describe the patient's status and are used by the nurse to make clinical decisions or nursing diagnoses. Since the NMDS excludes nursing assessment data, nursing diagnosis becomes the major element in identifying patient problems.

Nursing diagnosis is defined as "a statement that describes the human response (health state or actual/potential altered interaction pattern) of an individual or group that a nurse can legally identify and for which the nurse can order definitive intervention to maintain the health state or to reduce, eliminate, or prevent alteration" (Carpenito, 1989, p. 29). Gordon defined nursing diagnosis as an "actual or potential health problem that nurses, by virtue of their education and experience, are capable and licensed to treat" (as cited in Alfaro, 1990, p. 65). However, some diagnostic labels are missing from the North American Nursing Diagnosis Association (NANDA), such as alterations in the immune response. The list of nursing diagnosis labels are not sufficient to address all patient problems (Ozbolt et al., 1994). Statements of nursing diagnosis cannot convey all of the important information needed to develop interventions and establish expected outcomes. Etiologies for nursing diagnosis often are seen as focused an interventions rather than on the advancement of one's health capabilities (Pinkley, 1991).

Even though the NIC is used to distinguish the relationship between types of nursing activity and an intervention label, the labels do not always quantify what nurses actually do. For example, in spite of the purpose of the developers, the intervention, Circulation Care, illustrates different nursing activities, but does not take into consideration different settings or circumstances that may altered the nurse's activities. The intervention label does not show how nursing behavior varies to be more effective or more cost effective on different nursing units. Identification of the efficiency and

variation of nursing outcomes with different nursing activities is not possible using the NIC, as the classification system currently exists (Ozbolt, et al. 1994).

Flight nurses implement many interventions that are not always clearly defined in their job descriptions. Flight nurses often function independently based on circumstances during emergency situations or based on medical diagnosis and interventions (Eastes, 1989). The categories of interventions from the NIC may not be sufficient to describe flight nurse practice. Although the list of nursing activities is considered to define the nursing intervention labels, not all nursing activities are included in the taxonomy (Ozbolt, et al. 1994).

The purpose of this study is to analyze how well the NMDS and NIC meet the clinical and documentation needs of flight nurse practice. A further goal is to determine what terms used in flight nurse documentation are missing from the NMDS and the NIC. A final aim is to determine the categories and terms of the NMDS and NIC that may not be applicable and the categories and terms that are used most frequently for flight nurse documentation.

CHAPTER 2

LITERATURE REVIEW

Flight Nurse Documentation

One unique characteristic of flight nursing practice is that flight nurses use the nursing process, diagnosis, planning, implementation, outcome and evaluation, and apply the process to a variety of patients in diverse environments (Hepp, 1995). One of the most unique characteristics of flight nurses is the dynamic environment in which their practice occurs (Hepp, 1995). Flight nurses often are forced to function in very unpredictable environments such as extreme temperature or confined space (Eastes, 1989; Hepp, 1995). Because of the short duration of interaction with their patients, evaluation of the impact of patient care and of patient outcome may be difficult to assess. Quality patient care can be compromised by service errors, delay in the transfer of important information, unnecessary duplication of services, and lack of access to the patient health history by care providers (Board of Directors of the American Medical Informatics Association, 1994; Fiedler, 1990; Milholland & Heller, 1992).

The World Health Organization (WHO) recognizes the aim of documenting nursing care as maximizing communication between care providers. The process provides for continuity, efficiency, and measurement of quality patient care and further extends the

knowledge of nursing science. Nursing documentation also serves as a legal document and a mechanism for accountability. As a result, nursing documentation needs to reflect the specific patient care given. Nursing documentation is also a way of communicating between care providers about patient condition, response to intervention, and patient outcome. Successful nursing documentation is beneficial in hospital accreditation, medical accountability, and payment of services.

With increasing medical care costs and medical practice claims, documentation is a method of demonstrating the cost-effectiveness, necessity, and outcome of the care provided (Eastes, 1987). Nurses in hospitals spend a considerable amount of time describing patients, documenting nursing activities, and processing information. Most hospitals and health care facilities still use manual nursing documentation, which can create serious problems in the efficiency and effectiveness of patient care (Gugerty, Occhino, Ventura, & Haley, 1993). Accurate and timely documentation is one way to minimize the above problems.

To increase the quality of patient care, air medical services must document the importance and effectiveness of air transport in order to establish and maintain their credibility and to decrease morbidity and mortality (Keifer et al. 1993). Unfortunately, the accuracy of manual flight nurse records is beginning to be questioned. Because of the nature of transport, periods exist when the flight nurse pays full attention to patient care, hence charting becomes episodic. Information may be omitted from nursing documentation because by the time documentation is completed, a component of the provided care may have been forgotten. According to Thompson and Webb (1995), who examined documentation from five different air medical transport programs in the US,

334 required data elements were missing from 10 charts examined. In additional, 175 of the data elements requested by the chart were not applicable to that specific patient. In addition the short contact with patient, the presence of multiple problems may increase the difficulty of planning and documenting the care provided (Christie, 1993; Eastes, 1989).

Another barrier to obtaining accurate documentation is the resistance of some nurses who believe that documentation is too time consuming and an overwhelming burden rather than a benefit to the patient. Nurses may either be reluctant to document or not have enough time to complete the task in a quality manner (Lucatorto, Petras, Drew & Zbuckvich, 1991; Miller & Pastorino, 1990; Morrissey-Ross, 1988). Limitations in documentation format also are seen as devaluation caring activities central to nursing practice (Christie, 1993; Fiedler, 1990). The accuracy and variability of nursing documentation also can be influenced by the skill, knowledge, and experience of the nurses (Hays et al., 1994).

Computerized Nursing Information System

Today, nursing data are nearly invisible, if collected at all (McCloskey & Bulechek, 1994; Huber, Delanney, Crossley, Mebmert, & Ellerbe, 1992; Simpson, 1991). Most nursing documentation is not in a readily retrievable format. This fact limits the ways in which to compare nursing care and resources across sites. Identification of trends related to patient problems and nursing care delivery is difficult. In addition, the lack of retrievable nursing data makes health policy decision making more difficult (Huber et al., 1992; Leske & Werley, 1992).

Flight nurses, like other health care providers, must demonstrate quality, effectiveness, and value in the services they provide (Ozbolt et al., 1994). With the explosion of nursing knowledge and the huge amount of data that nurses use and process, delivery of patient care often is difficult. A computerized nursing information system is a necessity not only to simultaneously meet the data needs of management, third-party payers, and researchers, but also to decrease burdensome documentation requirements and to compare data cross sites.

Computerization of nursing documentation can facilitate the collection, manipulation, and retrieval of important nursing data for practice and research (Leske & Werley, 1992; Werley, Devine, Zorn, Ryan, & Westra, 1991). With computerized nursing documentation, finding embedded information such as the relationship between the patient status and nursing diagnosis, nursing diagnosis and intervention, and nursing intervention and patient outcome is relatively easy (Hays et al., 1994). A computerized nursing documentation system can provide an entire view of patient status supporting patient-focused care and can improve the quality of patient care. A computerized system also can serve as a clinical system assisting the nurses in a conflict situation in choosing the correct protocol or critical pathway. The system can be used for instruction and as a reference to support care-givers who have different skills and training (Simpson, 1994). A computer information system can support decision making by listing a likely nursing diagnosis based on assessment data and by allowing capture of the patient outcome data for each nursing diagnosis.

To provide the best patient care, nurses need to have the ability to analyze large amounts of data, in order to evaluate their practice, and to show the best practice and

delivery system (Bradley, 1995). According to Fiedler's research (1990), a computer-generated anesthesia record demonstrated the advantage of increased legibility, accuracy, and use of time. A computer generated record also is able to take advantage of multiple computerized functions such as calculating intravenous drip rates or pediatric drug dosage and initiating patient care protocols. The system also can act as a reminder to prompt the user for proper information to reduce errors and improve efficiency . Multiple chart formats for different departments can be generated to facilitate unit specific tasks. A flight nursing information system could not only guide the process of clinical problem-solving but also support nurses with their decision-making and assist in the choice of the care to be administered (Dick & Steen, 1991).

Standard Language

Before creation of a flight nurse information system, the development of a standardized language to describe nursing care during transport is recommended. As nurses move towards national health reform, they must recognize that a standard language is necessary for documentation. Standard language development can be incorporated into a national database for easy retrieval and comparison (Huber et al., 1992). If flight nurses are unable to achieve a consensus regarding a standard nursing data set, then nursing data may be missing from national data sets and the identification of the value of nursing care during transport may be more difficult (Bradley, 1995).

A standardized language will improve continuity of care and enhance communication among all institutions, facilitating clinical and outcomes research (Henry, Holzemer, Reilly, & Campbell, 1994; Werley et al., 1991). When nurses use a standard

language to document their nursing diagnoses, nursing interventions, and patient outcomes, they are able to determine which intervention works best for the patients regarding their status (McCloskey & Bulechek, 1994). Patients and nurses are able to gain a potential advantage from aggregate clinical data only if the nursing databases, including those for air transport, share a standard language (Hays et al., 1994).

Although nursing care standards and standardized terminology have been developed and used in other clinical settings (Brazile & Hettinger, 1995; Kilmon, 1994; Saba et al., 1991), no research exploring data requirements during air transport was found other than Thompson and Webb's presentation at the 1995 Annual Air Medical Conference. The NMDS, provides a framework for the documentation and evaluation of nursing care (Coenen & Schoneman, 1995). However, this framework has not been used by flight nurses. Evaluation of flight nurse documentation for concepts of the NMDS will assist in the description, comparison, and evaluation of nursing practice across settings. "A uniform minimum data set would help move nursing practice into a more professional mode" (Simpson, 1991, P. 20). Use of the NIC will allow further data aggregation by providing data comparability within the intervention category of the NMDS. The use of both NMDS and the NIC for nursing documentation will assist the collection of large combined databases which will facilitate analysis of the effectiveness and cost of nursing care across transport program (Microsoft Internet Explorer, 1995).

Nursing Minimum Data Set

Development of the NMDS was the first effort by nurses to standardize the collection of core nursing data and to increase the comparability of data across data sets

(Leske & Werley, 1992; Werley et al., 1991). The NMDS is defined as "a minimum set of items of information with uniform definitions and categories concerning the specific dimension of nursing which meets the information needs of multiple data users in the health care system" (Werley et al., 1991, p. 442). The NMDS was derived from the concept of a Uniform Minimum Health Data Set (UMHDS) which was developed to standardize national health data (Pascucci, Adams, Jacobson, Holtzen, & Knickerbocker, 1993; Rittman & Gorman, 1992; Werley et al. 1991). The NMDS emphasizes the need of multiple users rather than the need of specific users.

The NMDS development was sponsored by the University of Wisconsin-Milwaukee (UWM) School of Nursing and funded by the Hospital Corporation of American Foundation (Devine & Werley, 1988; Werley & Lang, 1988). A group of selected individuals spent 3 days at an invitational NMDS Conference to develop a consensus on concepts to be included in the NMDS. The group included nursing experts in different specialty area such as administration, research, and education. Individuals who manage health policy, health records, information systems, proprietary agency personnel, and those knowledgeable about the UMHDS development also were included (Leske & Werley, 1992; Werley et al., 1994).

The purpose of the NMDS is to establish a standard set of nursing data to be compared across patient populations, settings, and time. The NMDS can be used to show trends regarding patient problems, nursing diagnoses, the need for nursing care, and allocation of resources to patients. The aim is to stimulate nursing research with the ultimate goal of improving health care, and provide nursing care data to assist and

influence clinical, administrative, and health policy decision making (Leske & Werley, 1992; McCloskey, 1994; Pascucci et al., 1993; Simpson, 1991; Werley et al., 1991).

The NMDS includes the conceptual variables needed to describe, measure, and determine the quality of nursing care in order to establish the cost of that care (Bulechek, McCloskey, Titler, & Denebey, 1994). Sixteen data elements are included in the NMDS and they are categorized into three groups. The NMDS consists of four nursing care elements, five patient or client demographic elements, and seven service elements (see Table 2.1). Ten of the 16 elements already exist in the Uniform Hospital Discharge Data Set (Brazile & Hettinger, 1995; McCloskey, 1994; Ozbolt et al., 1994; Rittman, & Gorman, 1992; Werley et al., 1991; Williams, 1991).

Significant benefits to adopting the NMDS in nationwide nursing information systems can be identified. First, nursing data recording and delivery of care are likely to become more precise and goal-directed. Use of the NMDS will assist in identifying the relationship between patient problems or nursing diagnosis and nursing care provided. One of the obvious benefits in using the NMDS is the potential for expediting nursing research. Accessing comparable nursing care and resource data at local, regional, national, and international levels will facilitate such research. Adopting the NMDS will improve clinical nursing data for quality enhancement by using appropriate and accurate nursing core data for decision making (Werley & Lang, 1988; Werley et al. 1991; Werley et al., 1994). These clinical nursing data also can be used to identify problems, and monitor the effectiveness of improvement efforts (Coenen & Schoneman, 1995).

Adopting NMDS is particularly important in flight nurse practice. Because flight nurses assume a great deal of autonomy and self-direction in their practice, use of the

Table 2.1: Elements of the Nursing Minimum Data Set

Group	Items
Nursing Care Elements	1. Nursing Diagnosis
	2. Nursing Intervention
	3. Nursing Outcome
	4. Intensity of Nursing Care
Patient or Client Demographic Elements	5. Personal identification
	6. Date of birth
	7. Sex
	8. Race and ethnicity
	9. Residence
Service Elements	10. Unique facility or service agency number
	11. Unique health record number of patient or client
	12. Unique number of principal registered nurse provider
	13. Episode admission or encounter date
	14. Discharge or termination date
	15. Disposition of patient or client
	16. Expected payer for most of this bill

(Adapted from Werley & Lang, 1988, with permisison from Springer Publishing Company, New York)

NMDS for documentation will allow them to evaluate their contribution to the broader health care system (Eastes, 1989). Besides, implementation of the NMDS not only can provide needed cross program data for a large enough sample size for research, but also can facilitate the already existing cooperative efforts by programs which are members of the AAMS. With the rising cost of aeromedical transport and the need for ongoing justification, flight programs are particularly vulnerable in this age of cost cutting. Using the NMDS for flight nurse documentation is one method to promote documentation of the cost-effectiveness, necessity, and outcome of care provided during transport. Adopting the NMDS for flight nurse documentation is a powerful method for compiling group data and making nursing data visible in order to promote appropriate legislation and to effect clinical, administrative and health policy decision making.

Nursing Intervention Classification

Nursing interventions are one of the nursing care elements in the NMDS (see Table 2.1, item number 2). Bulechek and McCloskey (1989) define a nursing intervention as "any direct-care treatment that a nurse performs on behalf of a client. These treatments include nurse-initiated treatments resulting from nursing diagnoses, physician-initiated treatments resulting from medical diagnoses, and performance of the daily essential functions for the client who cannot do these" (p. 25). Both physiological and psycho-social nursing interactions with a patient can be considered as direct care treatment. (McCloskey & Bulechek, 1996; Bulechek & McCloskey, 1994).

Flight nurses not only perform nursing-initiated interventions as described above but also many interventions, traditionally described as medical, under the authority

delegated by standing orders or institutional protocol. Flight nurses perform many advanced invasive procedure such as intubation, chest tube insertion, and cricothyrotomy which often are considered beyond the traditional list of nursing intervention (Bader, Terhorst, Heilman, & DePalma. 1995; Newton, 1995). Flight nurses must be prepared to perform these life saving interventions because they often face emergency situations where no properly trained physician is present.

The NIC was developed as part of the Iowa Intervention Project (Henry et al., 1994). The project was developed in three phases. Phase I focused on construction of a classification system. A list of the nursing interventions and associated activities was identified and generated. Phase I used the methodologies of content analysis, expert survey, and focus group review. Phase II focused on the taxonomy development and concentrated on systematic arrangement of the interventions into a conceptual framework with clearly defined rules and principles (McCloskey & Bulechek, 1996; Steelman, Bulechek & McCloskey, 1994; Titler et al., 1991). Phase III consisted of clinical testing and refinement of the taxonomy. Phase III included field testing, an expert feedback and review process, and development of a taxonomy coding system (McCloskey & Bulechek, 1996).

Several purposes for classifying nursing interventions were identified. First of all, the NIC is a standardizing nomenclature that facilitates the development of nursing information systems (Bradley, 1995; McCloskey et al., 1990). With the advent of computerized patient records, the NIC facilitates communication between care providers (via the patient record) and creation of research databases for evaluation of nursing care (McCloskey & Bulechek, 1994). The NIC also is a valuable resource to support clinical

decision making. For example, the novice nurse can use a list of the NIC interventions as a review when planning patient care plan. The experienced nurse can refer to the NIC for guidance when dealing with less frequently encountered patients and required interventions (Steelman et al., 1994).

Another purpose of a classification of nursing interventions was communicating the nature of nursing. Using the terminology of the NIC enables nurses to engage more fully in intradisciplinary and multidisciplinary discussions. Nurses are a large and complex group that needs a common language to assist communication within the discipline as well as with others outside nursing (McCloskey & Bulechek, 1994).

The classification system is organized in a three-level taxonomic structure (McCloskey & Bulechek, 1996). The levels were generated inductively from bottom to top using similarity ratings and hierarchical cluster analysis (Moorbead, McCloskey, & Bulechek, 1993). The highest, most abstract level of taxonomy is domain. The six domains are Physiological: Basic, Physiological: Complex, Behavior, Family, Health System and Safety. Twenty-seven classes are used at the middle level (see Table 2.2). Examples of the classes are Activity and Exercise Management, Drug Management, Respiratory Management, Tissue Perfusion Management, Patient Education, Crisis Management, and Information Management. Each class includes a list of related interventions, the most concrete level of the taxonomy. (Henry et al., 1994; McCloskey & Bulechek, 1993, McCormick et al., 1994; Moorbead et al., 1993).

Interventions in the NIC are described using a standard structure consisting of three components. The components are label name, definition, and list of specific activities. Nouns are used as the basis for the intervention label. The statement of specific

Table 2.2: Nursing Intervention Classification

1. Physiological: Basic Care that supports physical functioning	2. Physiological Complex Care that supports homeostatic regulation	3. Behavioral Care that supports psychosocial functioning and facilitates life-style changes	4. Safety Care that supports protection against harm	5. Family Care that supports the family unit	6. Health System Care that supports effective use of the health care delivery system
A Activity and Exercise Management: Interventions to organize or assist with physical activity and energy conservation and expenditure	G Electrolyte and Acid-Base Management: Interventions to regulate electrolyte/acid base balance and prevent complications	O Behavior Therapy: Interventions to reinforce or promote desirable behavior or alter undesirable behaviors	U Crisis Management Interventions to provide immediate short-term help in both psychological and physiological crises	W Childbearing Care: Interventions to assist in understanding and coping with the psychological and physiological changes during the childbearing period	Y Health System Mediation Interventions to facilitate the interface between patient/family and the health care system
B Elimination Management: Interventions to establish and maintain regular bowel and urinary elimination patterns and manage complications due to altered patterns	H Drug Management: Interventions to facilitate desired effects of pharmacological agents	P Cognitive Therapy: Interventions to reinforce or promote desirable cognitive functioning or alter undesirable cognitive functioning	V Risk Management Interventions to initiate risk-reduction activities and continue monitoring risks over time	X Lifespan Care: Interventions to facilitate family unit functioning and promote the health and welfare of family members throughout the lifespan	a Health System Management: Interventions to provide and enhance support services for the delivery of care
C Immobility Management: Interventions to manage restricted body movement and the sequelae	I Neurologic Management: Interventions to optimize neurologic functions	Q Communication Enhancement: Interventions to facilitate delivering and receiving verbal and nonverbal messages			b Information Management: Interventions to facilitate communication among health care providers
D Nutrition Support: Interventions to modify or maintain nutritional status	J Perioperative Care: Interventions to provide care before, during, and immediately after surgery	R Coping Assistance: Interventions to assist another to build on own strengths, to adapt to a change in function, or to achieve a higher level of function			
E Physical Comfort Promotion: Interventions to promote comfort using physical techniques	K Respiratory Management: Interventions to promote airway patency and gas exchange	S Patient Education: Interventions to facilitate learning			
F Self-Care Facilitation: Interventions to provide or assist with routine activities of daily living	L Skin/Wound Management: Interventions to maintain or restore tissue integrity	T Psychological Comfort Promotion: Interventions to promote comfort using psychological techniques			
	M Thermoregulation: Interventions to maintain body temperature within a normal range				
	N Tissue Perfusion Management: Interventions to optimize circulation of blood and fluids to the tissue				

(Adapted from McCloskey & Bulechek 1996, eds., with permission from Mosby-Year Book, Inc, St. Louis)

activities for each intervention is managed by verbs. A list of background reading is attached to each intervention to provide support for the intervention (Moorbead et al., 1993). Table 2.3 shows one example of an intervention from the NIC. Four hundred thirty-three interventions are included in the third level of the taxonomy (Henry et al., 1994; McCloskey & Bulechek, 1993, Moorbead et al., 1993).

The NIC has several strengths. The NIC is a comprehensive classification which includes a full range of nursing interventions from different practice settings and lists both independent and collaborative interventions (Microsoft Internet Explorer, 1995). "An important strength of the NIC is its broad scope in terms of practice" (Moorbead et al., 1993, p. 27). The interventions of the NIC do not reflect one specific group of patients or one particular care setting. The NIC interventions span nursing practice from acute care to community health and provide interventions for different age groups (Moorbead et al., 1993). Because of the breadth of the content an educational curriculum could be developed from the structure of the six domains (McCloskey & Bulechek, 1993).

An additional strength of the NIC is the inclusion of definitions for each intervention label and a list of discrete activities included with each intervention. In order to reflect current clinical practice and research the list of interventions and activities was based inductively on existing nursing practice (Moorbead et al., 1993).

Finally, the structure of the NIC has been defined to retain firmness and cohesion within the classification. However, the NIC is a dynamic classification which was constructed to evolve as nursing practice changes. The research team developed feedback forms to encourage suggestions for new intervention or revision of existing interventions (Moorbead et al., 1993).

Table 2.3: Example of one intervention from NIC

Hemodynamic Regulation
DEFINITION: Optimization of heart rate, preload, afterload, and contractility
ACTIVITIES: Recognize presence of blood pressure alterations Auscultate lung sounds for crackles or other adventitious sounds Auscultate heart sounds Monitor and document heart rate, rhythm, and pulses Monitor electrolyte levels Monitor systemic and pulmonary vascular resistance, as appropriate Monitor cardiac output and/or cardiac index and left-ventricular stroke work index, as appropriate Administer positive inotropic/contractility medications Evaluate side effects of negative inotropic medications Monitor peripheral pulses, capillary refill, and temperature and color of extremities Elevate the head of the bed, as appropriate Place in Trendelenberg position, if appropriate Monitor for peripheral edema, jugular vein distension, and S3 and S4 heart sounds Monitor pulmonary capillary/artery wedge pressure and central venous/right-atrial pressure, if appropriate Maintain fluid balance by administering IV fluids or diuretics, as appropriate Administer vasodilator and/or vasoconstrictor medication, as appropriate Monitor intake/output, urine output, and patient weight, as appropriate Insert urinary catheter, if appropriate Minimize/eliminate environmental stressors Administer antiarrhythmic medications, as appropriate Monitor effects of medications Monitor pacemaker functioning, if appropriate Evaluate effects of fluid therapy
BACKGROUND READINGS: Cullen, L. M. (1992). Interventions related to circulatory care. In G.M. Bulechek & J.C. McCloskey (Eds.), Symposium on Nursing interventions. Nursing Clinics of North America, 27(2), 445-467. Johanson, B.C., Wells, S.J., Hoffmeister, D., & Dungca, C.U. (1988). Standards for critical care (3rd ed.). St. Louis: Mosby. Wessel, S., Kim, M. (1984). Nursing functions related to the nursing diagnosis: decreased cardiac output. In M. Kim, G. McFarland, & A. McLane (Eds.). Classification of Nursing Diagnoses: Proceedings of the Fifth Conference (pp. 192-198). St. Louis: Mosby.

(Adapted from McCloskey & Bulechek, eds., 1996, with permission from Mosby-Year Book, Inc, St. Louis)

To date, no studies have been found that describe the clinical usefulness of the NMDS within the air transport setting. Using a computerized search of Medline and CINHAL as well as a search of a private database covering past issues of the Airmedical Journal, no published research was found which described the effectiveness of nursing intervention sets from the NIC system. Consequently this study will be the first to examine the usefulness of the NMDS and the NIC for flight nurse documentation.

CHAPTER 3

METHOD

Design

A retrospective study was conducted using a descriptive design. All data elements from 20 flight records were identified and analyzed for their inclusion in the NMDS and NIC.

Sample

After approval by the Committee for Human Subject Protection, a sample of twenty transport records was randomly drawn from 50 records solicited for another investigation being conducted by Dr. Thompson. Dr. Thompson approved utilization of her data for this study and her study was approved by the Committee for Human Subject Protection. Dr. Thompson's original sample consisted of a set of patient records selected from rotor wing transport programs that are members of AAMS. Participating transport programs randomly selected four records for use in the study, one cardiac, one trauma, and two other adult patients. Participation was voluntary and patient records are anonymous as to transport program and patient.

The sample for the study was limited to a subset of charts from cardiac patients. However, the charts used for the study have been preformatted the institution. The chart may not have been created specifically for cardiac patients. Consequently data elements not relevant to cardiac patients may have been included in the form of check boxes or fill in the blank. The author analyzed all data elements, even those did not apply for cardiac patients, in order to demonstrate more completely current flight nurse documentation. The studies used only charts from patients greater than 18 years of age. This subset of patients was chosen in order to eliminate differences in basic physiological development and nursing intervention between adult and pediatric patients.

Procedure

After randomly selecting the records for the study, all data elements within each chart were identified. The definition of a data element varies across authors. Elmasri and Navathe (1994) identify data elements as an attribute name or the value of an attribute. However, the American Nurses Association (ANA) (1994) define data elements as "smallest unit of data that has meaning without interpretation." For this study the definition proposed by the ANA has been adopted. Patient name, social security number, temperature, O_2 saturation, and heart rate are examples of data elements from flow charts and blanks to be completed. Data elements from the narratives included "heart tones clear," "positive radial pulse," "pt denies any discomfort at this time," and "lungs clear to auscultation" (see Appendix A). For further reading on data elements see Reeves (1995).

During data retrieval, symbols from the charts were interpreted into words and differentiated with quotation marks. For example, one record stated "& bradycardia". The

& was interpreted as "and" bradycardia, and "+ BS" was interpreted as "positive" BS. The symbol "***" was used as a place holder for the name of a hospital, agency or air medical personnel in order to maintain confidentiality (see Appendix A).

Interrater reliability was obtained by comparing the data elements identified by the author with elements identified by a nursing informatic student working concurrently on a similar project. Before independent identification of data elements was undertaken, a 91% agreement of data elements was obtained for 104 data elements from one patient record.

Three thousand nine hundred forty-six data elements were identified from the 20 cardiac flight nurse records (see Appendix A). After all the data elements were identified, they were analyzed for inclusion in the NMDS. If the data elements were included in the NMDS, they were classified into the categories of the NMDS (see Appendix A). Interrater reliability of the classification of the data from two separate charts was compared with independent evaluations by Dr. Thompson. A 96% (100 out of 104) agreement was obtained for one chart and 92.9% (223 out of 240) was obtained for a second chart.

Difficulty in classification of data elements was encountered because specific data elements could be classified as either a nursing intervention or an outcome. For example, one flight nurse noted "O_2 Sat 97-98%" after the flight nurse had decreased oxygen from 6 liters to 4 liters per minute via nasal canula. The data element "O_2 Sat 97-98%" was classified as an outcome from a previous intervention. However, O_2 Sat 97-98% also could be classified as a nursing intervention because the monitoring of the effectiveness of oxygen administration is considered a nursing intervention by the NIC system.

For the purpose of the study, the author decided to classify ambiguous data elements as both a nursing intervention and an outcome. As a result, some data elements will be include twice in the NMDS. After all the data elements were classified for inclusion in the NMDS, the data elements classified as nursing interventions were further analyzed to determine inclusion in the NIC.

The first step of the NIC classification process was to determine which of the six domains and 27 classes matched each nursing intervention from the transport records. If the flight nursing interventions matched a domain and a related class, the intervention was further classified as one of the intervention activities. For example, "crew procedures: IV" was a nursing intervention. This data element was classified as Physiological: Complex for the domain level, Tissue Perfusion Management for the class level, and Intravenous (IV) Insertion for the intervention level.

Interrater reliability for the classification of data elements in both the NMDS and NIC was done prior to data analysis. The author set 90% as the required level of agreement. However, only a 60% agreement (6 out of 10) was obtained on the first chart for the NIC. Dr. Thompson and the author encountered several difficulties when classifying the data elements. In certain instances, a data element could be classified into two different intervention categories. For example, insertion of foley could be classified into the Physiological: Basic domain, the Elimination Management class, and the Urinary Catheterization intervention. However, insertion of foley also could be classified into the Physiological: Complex domain, the Tissue Perfusion Management class, Hemodynamic Regulation intervention, and the insertion of foley activities. The first classification

identified the procedure as a nursing intervention whereas the second classification emphasized the nursing decision making component of the intervention.

Another difficulty with classification was that some of the flight nursing interventions did not match the activities described by the NIC. "Cricothyroidotomy", for example, did not match any activity included in the NIC. However, "Cricothyroidotomy" did match the intervention Airway Insertion and Stabilization and the accompanying definition.

Another difficulty was that the author lacked flight nursing experience. Because of multiple difficulties in obtaining interrater reliability, a consensus method was used to classify data elements into the NIC domains, classes, and intervention. Dr. Thompson reviewed three charts and then met with the author to discuss areas of disagreement and concern. After the first three charts, periodic meetings were held to allow Dr. Thompson and the author to discuss data elements where the author was uncertain of the correct classification.

Data Analysis

All data elements were recorded in a spreadsheet. A three-level coding scheme was used in analyzing each data element (see Appendix B). The first level coding criterion was whether the data was present in the NMDS. If the data element was present in the NMDS, then the second-level coding criterion was applied. The second-level coding determined into which of the 16 data elements categories of NMDS the data element fit. The 16 data element categories were as described by Werley and Lang (1988) (see Table 2.1). A new data element category, assessment and continuing of previous

nursing intervention, was added as a subcategory of the nursing intervention data element of the NMDS. This addition was made to differentiate data elements that were nursing interventions which were performed by other health care providers before flight nurse arrival. These data elements were part of the flight nurse assessment (not an NMDS category) but potentially important when examining the coverage of the NMDS and NIC for emergency nursing. For example, "O_2 cont via cannula" was classified as assessment and continuation of previous nursing intervention because the nursing intervention was started before and continued after the flight nurse's arrival.

The second-level coding criterion determined whether the data element represented nursing care elements, patient demographic elements , or service elements. The codes for the 16 data elements are 1.1 for nursing care elements, 1.2 for patient demographic elements, and 1.3 for service elements. Under the nursing care elements, code 1.11 to 1.14, was applied to the four nursing care elements plus 1.121 for the new category of assessment and continuing of previous intervention. Code 1.25 to 1.29 was applied to patient or client demographic elements and 1.31 to 1.37 was applied to service elements (see Appendix B).

If the data elements were classified as a nursing intervention or as an assessment and continuing of previous nursing intervention, the data elements were evaluated for inclusion in the NIC. The third-level coding criterion used the coding system developed by the Iowa Intervention Project team. The codes for the six domains were from 1-6. A 7 was used for interventions not included in the NIC. An alphabetical code from A through Y plus a and b was used for the 27 classes. The last two of the three classes for the Health System domain contained indirect nursing interventions and thus were coded with small

letters (a and b) (McCloskey & Bulechek, 1995, 1996). See Appendix B for further detail on the coding criteria.

Nursing interventions were further classified with a four digit code which was developed by the Iowa Intervention Project team. A separate four digit code was used for each intervention. The activities beneath each intervention were not coded. The complete NIC code included the domain and class designations with a hyphen between them and the intervention (McCloskey & Bulechek, 1996). For example, 4V-6486 is Safety domain, Risk Management, and Environmental Management: Safety intervention.

When a data element could be classified into two or three different NIC categories, a double or triple coding scheme was used. For example, "flight procedure: restraints 2" was classified as 4V-6486 and 4V-6580 because both of the interventions were appropriate classifications for the flight nurse procedure. A symbol "*" was used in front of the code for data elements which matched the definition of a nursing intervention but did not match the activities listed for the intervention (see Appendix A).

After coding all of the data elements from the transport records, the percentage of all terms represented in the NMDS and the NIC were calculated. The terms not included in the NMDS or the NIC were listed. The most frequently encountered terms were discussed.

CHAPTER 4

RESULTS

Of the 3946 data elements obtained from the flight nurse documentation, 961 (24%) were found in the NMDS, 2964 (75%) were not included in the NMDS, and for 21 (1%) the author was unable to determine the category of the element due to the element being illegibly written (see Figure 4.1). Within the 961 data elements found in the NMDS, 767 (80%) were nursing care elements. Patient or client demographic elements accounted for 110 (11%) of the NMDS elements. Eighty-four (9%) of the data elements were comprised of service elements (see Figure 4.2). The terms within the 2964 data elements not found in the NMDS mostly consist of nursing assessment data, the departure and arrive time, and referral agency information.

Within the nursing care elements, 2 (0.3%) were categorized as nursing diagnoses, and 41 (5.3%) as nursing outcomes. Nursing intervention consisted of 510 (66.5%) of the data elements. Two hundred six (29%) of the data elements were categorized as assessment and continuation of previous interventions. Several data elements were categorized as a nursing intervention and as a nursing outcome. For example, the data element "Bp 120/72" (after the flight nurse decreased dopamine at 6 ml per hour) was considered as both nursing intervention and as a nursing outcome. Monitoring the effect

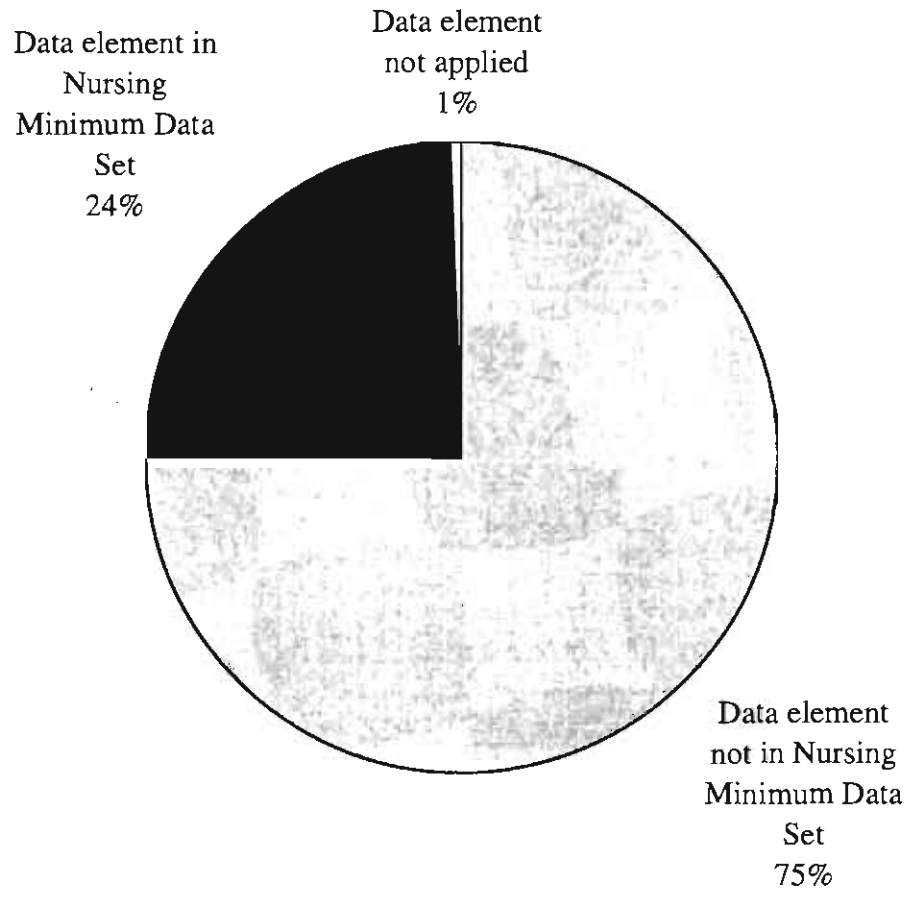

Figure 4.1 : Distribution of data elements in relation to NMDS
n = 3946

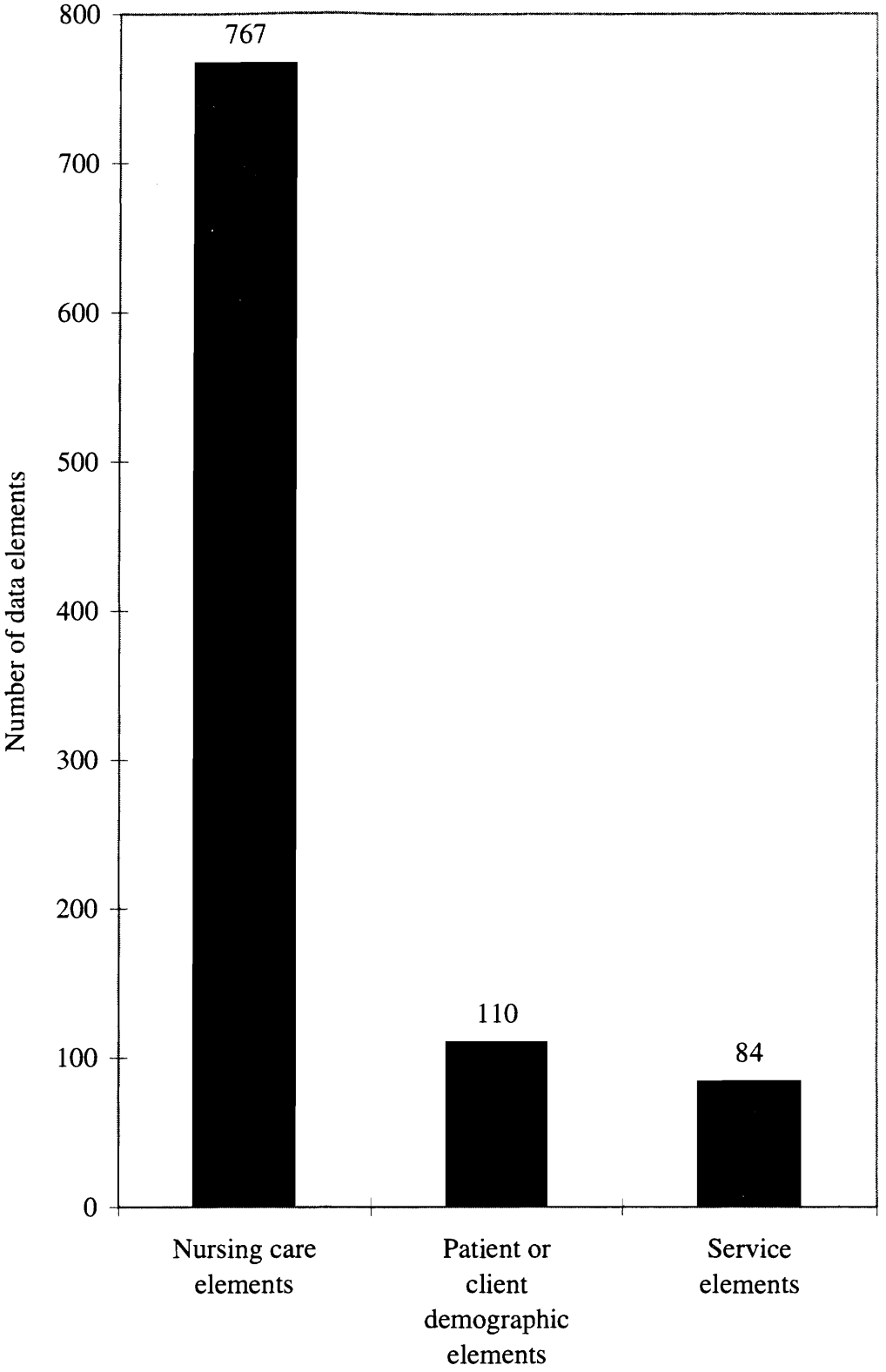

Figure 4.2: Data elements in the three catagories of the NMDS
n = 961

of the medication by taking the patient's blood pressure is a nursing intervention and the blood pressure resulting from change in the medication is a nursing outcome. Eight (1%) of the data elements fit into this category (see Figure 4.3). Table 4.1 lists data elements that were classified as both a nursing intervention and a nursing outcome. None of data elements reflected the intensity of nursing care (see Figure 4.3).

Since some of the data elements could be categorized as both nursing interventions and nursing outcomes, they were counted twice in the nursing care element category. As a result, nursing care elements included 2 (0.3%) nursing diagnoses, 724 (93.4%) nursing interventions, 49 (6.3%) nursing outcomes, and no intensity of nursing care elements.

In the patient or client demographic element category, the flight nurse documentation included 10 (9%) personal identification elements, 16 (15%) elements for date of birth, 30 (27%) elements for gender, 8 (7%) elements for race and ethnicity, and 46 (42%) elements for residence (see Figure 4.4). A unique facility or service agency number, a unique number of principal registered nurse provider, and discharge or termination date were not recorded on any of the charts. Sixteen (19%) unique health record numbers of patient or client were included among the demographic data elements. Eighteen (21%) of the service data elements were episode admission or encounter date, 34 (41%) were disposition of patient or client, and 19 (19%) were expected payer for most of bill (see Figure 4.5).

The flight nurse documentation consisted of 724 (18%) nursing interventions. The nursing interventions were evaluated for inclusion in the NIC. Sixty-five (9%) of the intervention data elements were classified as Physiological: Basic domains.

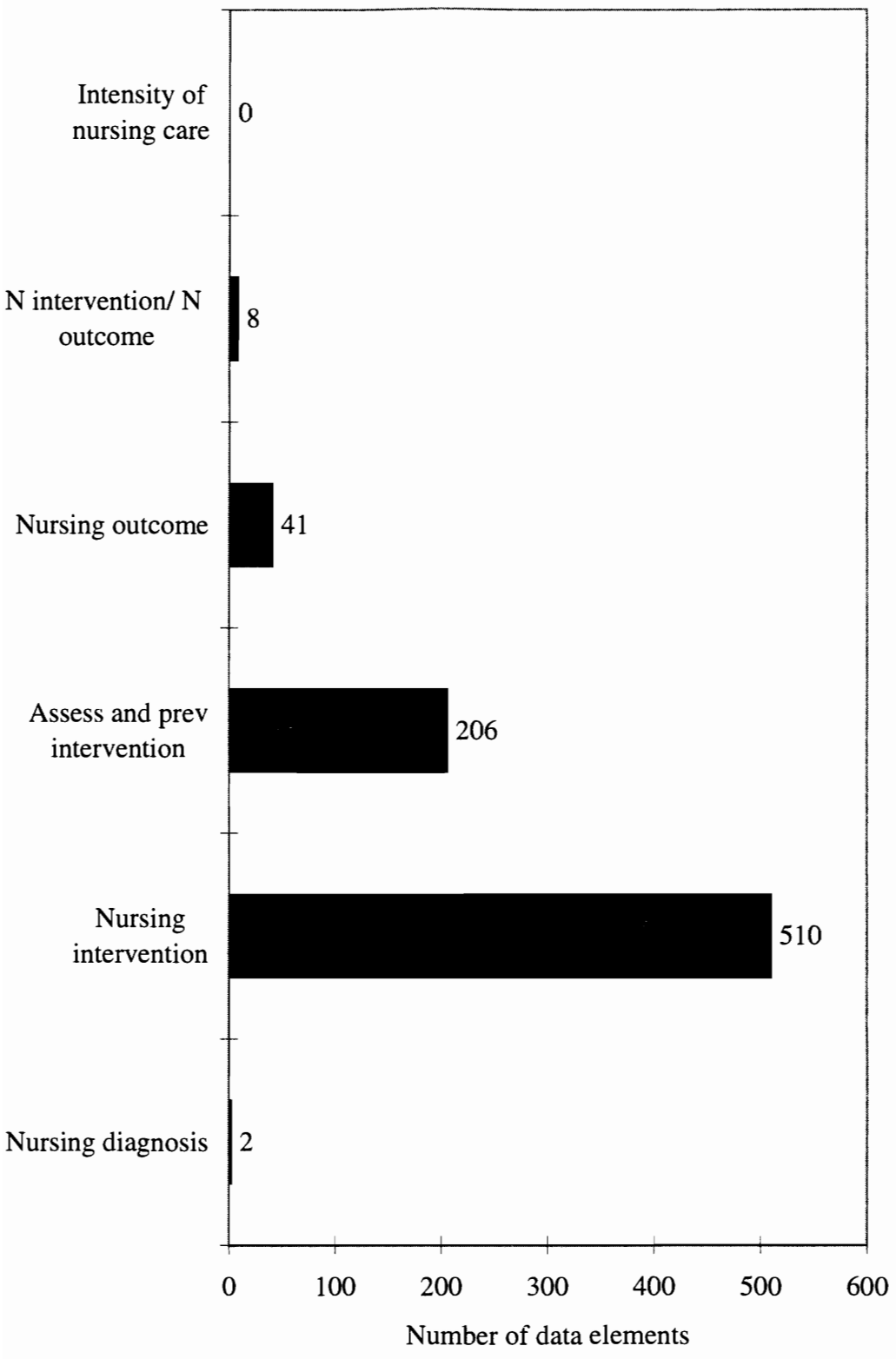

Figure 4.3 : Data elements in the nursing care element of the NMDS
n = 767

Table 4.1: The data elements classified as both nursing intervention and nursing outcome.

Team	Ch No.	Data element	Group name	L1 code No.	L2 code No.
200	1	Effect- No "change" remains 4/10 pain	Medication in flight	1	1.12/ 1.13
200	1	Effect- O2 Sat 97-98%	Medication in flight	1	1.12/ 1.13
212	3	BP 120/72	Medication in flight-Effect	1	1.12/ 1.13
212	3	BP 121/65	Medication in flight-Effect	1	1.12/ 1.13
212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13
212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13
235	1	improved	response to treatment	1	1.12/ 1.13
240	2	both "without" change in HR	In flight observation notes	1	1.12/ 1.13

n = 8

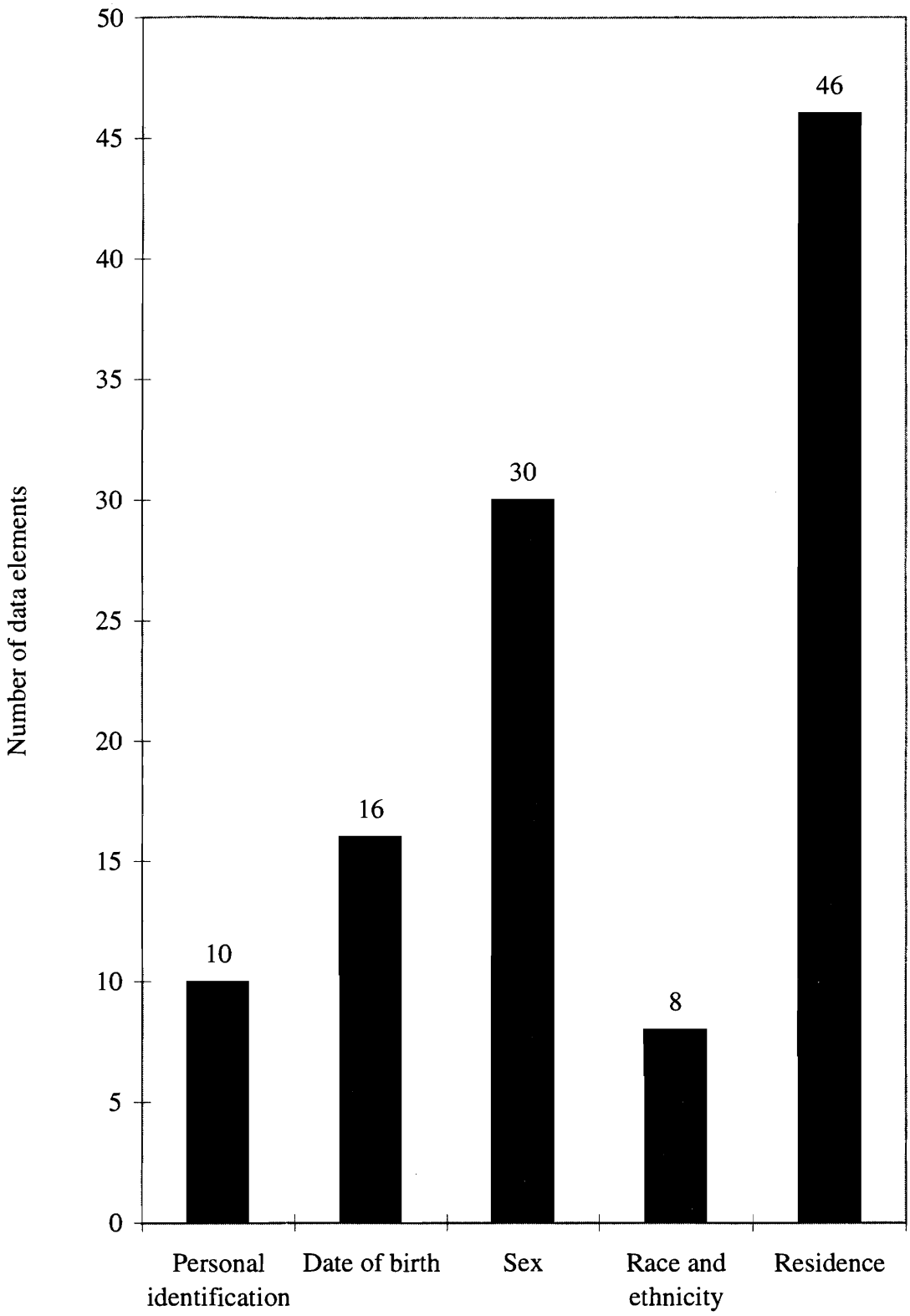

Figure 4.4: Data elements in the patient or client demographic element of the NMDS
n = 110

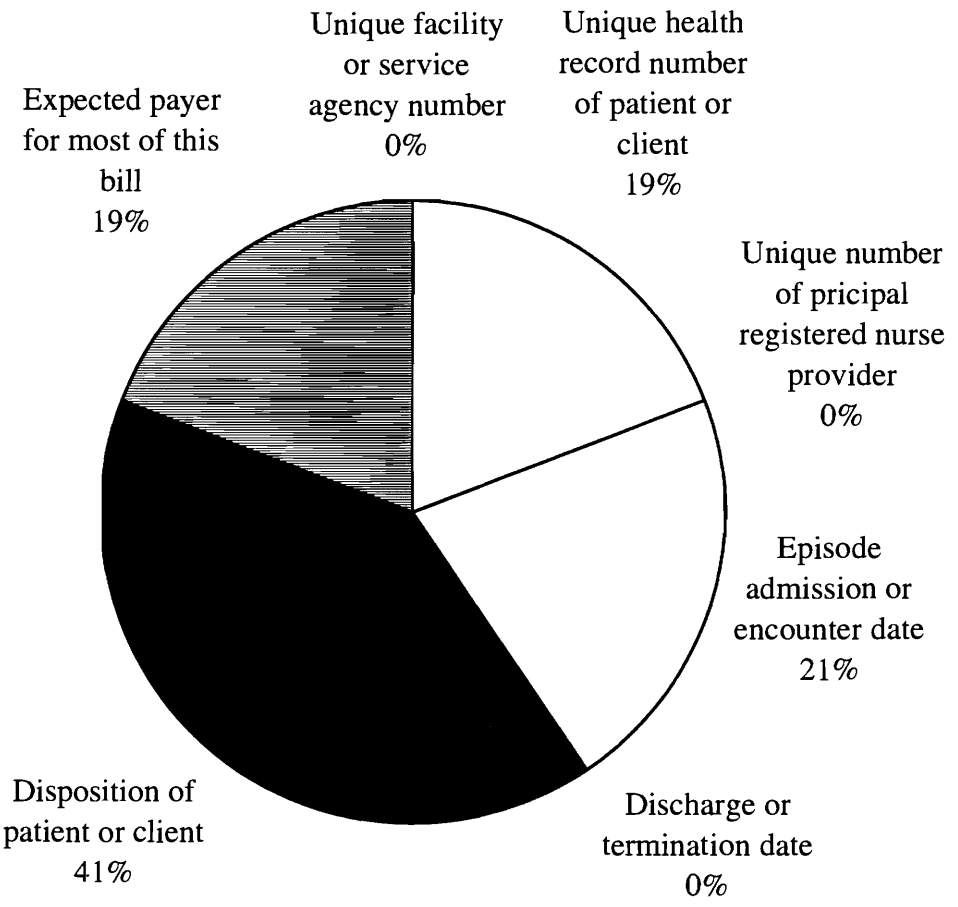

Figure 4.5: Data elements in the service element of the NMDS
n = 84

Physiological: Complex domains included 536 (74%) intervention data elements. Five (1%) of the intervention data elements were from Behavioral, 87 (12%) from Safety, 18 (2%) from Health System, and none from Family domains (see Figure 4.6). Thirteen (2%) of the nursing intervention data elements were not included in any of the NIC domains (see Table 4.2). For example, "crew procedure - pericardiocentesis" was not found as a domain, class, intervention, or activity.

Several flight nursing activities could be classified into two different nursing intervention groups. As a result, the number of data elements included in all of the domains does not add up to the total number of nursing interventions (see Table 4.3). For example, "flight procedure - Foley" was classified as both 1B-0580 (Physiological: Basic-Elimination Management-Urinary Catheterization) and 2N-4150 (Physiological: Complex-Tissue Perfusion Management-Hemodynamic Regulation). The intervention was classified into 1B-0580 because the nursing activities and definition provided by the NIC matched the usage of the data element within the patient chart. Flight procedure - Foley also was classified into 2N-4150 because of the match with the nursing activity. Flight procedure foley also was classified under Hemodynamic Regulation because the reason for the foley is consistent with this category. This classification demonstrates the nature of nursing decision-making related to foley catheter use. One hundred twenty-five (17%) of the data elements were classified into two categories (see Table 4.4).

Thirteen (2%) of the data elements were classified into three NIC nursing intervention (see Table 4.5). All of the data elements classified into three interventions related to the use of a pacemaker. Interventions related to pacemakers were classified as the domain Physiological: Complex, and the class Tissue Perfusion Management. The

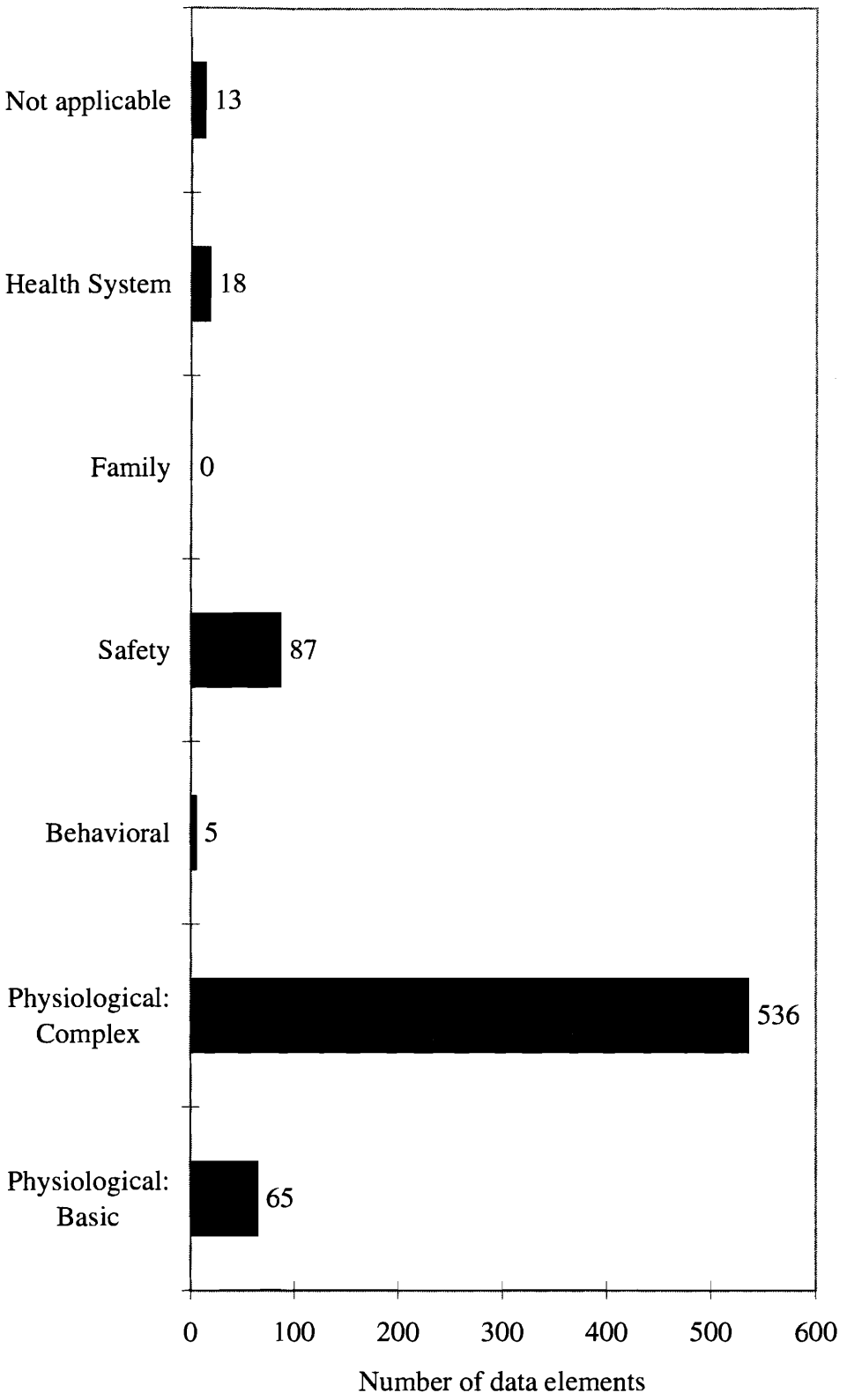

Figure 4.6: Data elements in the domains level of the NIC
n = 724

Table 4.2: Data elements from flight nurse documentation not classified by the NIC.

Team[1]	Ch No[2]	Data element	Group name	L1 code No.[3]	L2 code No.[4]	L3 code No.[5]
200	1	Pericardiocentesis	Crew procedures	1	1.12	7*
212	3	Pericardiocentesis	Procedures - FLT	1	1.12	7
240	2	Hemocue	Treatment Rendered	1	1.12	7
240	2	Chest Decompression	Treatment Rendered	1	1.12	7
241	3	Rt needle decompression		1	1.12	7
241	3	Lt needle decompression		1	1.12	7
242	3	Needle decompression #1 site	Life flight intervention-needle decompression	1	1.12	7
242	3	Needle decompression #1 Ga	Life flight intervention-needle decompression	1	1.12	7
242	3	Needle decompression #2 site	Life flight intervention-needle decompression	1	1.12	7
242	3	Needle decompression #2 Ga	Life flight intervention-needle decompression	1	1.12	7
219	4	Decop	Assessment and intervention information-Breathing intervention	1	1.121	7
219	4	LTR	Assessment and intervention information-Breathing intervention-Method	1	1.121	7
219	4	Burn sheet	Assessment and intervention information-Secondary intervention	1	1.121	7

n= 13

[1]Team = Flight program, [2]ChNo = Chart number, [3]L1 code No. = First-level coding cretirion, [4]L2 code No. = Second-level coding creterion, [5]L3 code No. = Third-level coding cretirion, *7 = the intervention not included in the NIC.

Table 4.3: Data elements classified into NIC domain Physiological: Complex

NIC Intervention code	No. of data element	NIC Intervention code	No. of data element
2.G.1910	4	2.L.3660	4
2.G.2130	2	2.L.3680	1
2.H.2210*	3	2.N.4020	3
2.H.2260	5	2.N.4040*	21
2.H.2303	3	2.N.4044*	81
2.H.2305	36	2.N.4060	20
2.H.2440	3	2.N.4064	3
2.K.1872	7	2.N.4090*	36
2.K.3120	67	2.N.4120	1
2.K.3140	6	2.N.4150*	110
2.K.3160	6	2.N.4190	7
2.K.3180	11	2.N.4200	93
2.K.3300	28	2.N.4238	2
2.K.3320	48	2.N.4254*	3
2.K.3350	6	2.N.4258*	18

n = 536

Note: Since some data elements were classified into either two or three nursing interventions, the total amount of data elements (n) equal 638 rather than 536. The mark "*" represents data elements that were classified into two or three different nursing intervention of NIC.

Table 4.4: Data elements classified into two different nursing intervention of NIC

NIC Intervention codes	Classification name of NIC (Domain. Class - Intervention)	No. of data element
1B-0580/ 2N-4150	Physiological: Basic. Elimination Management - Urinary Catheterization/ Physiological: Complex. Tissue Perfusion Management - Hemodynamic Regulation	7
2H-2210/ *2N-4044	Physiological: Complex. Drug Management - Analgesic Administration/ Physiological: Complex. Tissue Perfusion Management -Cardiac Care: Acute	2
2N-4040/ *2N-4150	Physiological: Complex. Tissue Perfusion Management - Cardiac Care: Acute/ Physiological: Complex. Tissue Perfusion Management - Hemodynamic Regulation	8
2N-4044/ 4U-6140	Physiological: Complex. Tissue Perfusion Management - Cardiac Care: Acute/ Safety. Crisis Management - Code Management	13
2N-4090/ *2N-4044	Physiological: Complex. Tissue Perfusion Management - Dysrhythmia Management/ Physiological: Complex. Tissue Perfusion Management - Cardiac Care: Acute	19
2N-4150/ *2N-4044	Physiological: Complex. Tissue Perfusion Management - Hemodynamic Regulation/ Physiological: Complex. Tissue Perfusion Management - Cardiac Care: Acute	37
2N-4254/ 2N-4064	Physiological: Complex. Tissue Perfusion Management - Shock Management: Cardiac/ Physiological: Complex. Tissue Perfusion Management - Circulatory Care: Mechanical Assist Device	3
2N-4258/ 4U-6200	Physiological: Complex. Tissue Perfusion Management - Shock Management: Volume/ Safety. Crisis Management - Emergency Care	18
4U-6140/ 4U-6200	Safety. Crisis Management - Code Management/ Safety. Crisis Management - Emergency Care	7
4V-6480/ 4V-6482	Safety. Risk Management - Environmental Management/ Safety. Risk Management - Environmental Management: Comfort	2
4V-6486/ 4V-6580	Safety. Risk Management - Environmental Management: Safety/ Safety. Risk Management - Physical Restraint	9

n = 125

Note: Data elements were classified into two nursing intervention of NIC because they matched the definitions for both domains.

Table 4.5: Data elements classified into three NIC nursing intervention

Team	Ch No	Data element	Group name	L3 code
200	1	Pacer	Crew procedures	2N-4150/ 2N-4090/ 2N-4040
200	1	Trans cutaneous	Crew procedures	2N-4150/ 2N-4090/ 2N-4040
212	3	External pacemaker	Procedures - FLT	2N-4150/ 2N-4090/ 2N-4040
217	4	pacer	performed by ***	2N-4150/ 2N-4090/ 2N-4040
219	4	Ext. pacing	Assessment and intervention information-Circulation intervention	2N-4150/ 2N-4090/ 2N-4040
223	3	external pacing applied	Infllight patient status/comments	2N-4150/ 2N-4090/ 2N-4040
227	1	Pacemaker	Team procedure	2N-4150/ 2N-4090/ 2N-4040
236	1	Pacer	procedures	2N-4150/ 2N-4090/ 2N-4040
236	1	pacemaker initiated at a rate of 70/min "with" MA 85 & 60% capture		2N-4150/ 2N-4090/ 2N-4040
236	1	"with" pacemaker being turned off		2N-4150/ 2N-4090/ 2N-4040
240	2	External Pacer	Treatment Rendered	2N-4150/ 2N-4090/ 2N-4040
241	3	External pacer rate		2N-4150/ 2N-4090/ 2N-4040
241	3	External pacer MA		2N-4150/ 2N-4090/ 2N-4040

n = 13

2N-4150 = Physiological: Complex. Tissue Perfusion Management - Hemodynamic Regulation

2N-4090 = Physiological: Complex. Tissue Perfusion Management - Dysrhythmia Management

2N-4040 = Physiological: Complex. Tissue Perfusion Management - Cardiac Care

*** indicate the name of Air Medical personel to maintain confidentiality.

three separate applicable interventions were Hemodynamic Regulation, Dysrhythmia Management, and Cardiac Care interventions (2N-4150/ 2N-4090/ 2N-4040). The nursing activity was listed as "monitor pacemaker function, if appropriate" (McCloskey & Bulechek, 1996, p. 316) in the Hemodynamic Regulation intervention, as "Assist with insertion of temporary transvenous or external pacemaker, as appropriate" (McCloskey & Bulechek, 1996, p. 213) in the Dysrhythmia Management and "Monitor pacemaker functioning, if appropriate" (McCloskey & Bulechek, 1996, p. 156) in the Cardiac Care intervention. None of the three interventions captured the independent insertion of an internal pacer or the application of an external pacer as indicated in the charts.

Within the domain, Physiological: Basic, seven (11%) of the data elements were in the class of Elimination Management, 48 (74%) in Immobility Management, 8 (12%) in Nutrition Support, and 2 (3%) in Physical Comfort Promotion (see Figure 4.7). No Activity and Exercise Management or Self-Care Facilitation interventions were used within the flight nurses documentation.

The majority of nursing interventions used by flight nurses were in the Physiological: Complex domain (536). Several of the data classified as Physiological: Complex domains matched an intervention and the definition but did not match the listed activities (see Table 4.6 and Appendix C). For example, "crew procedure - chest tube/ needle thorac," insertion of chest tubes or needle thoracotomy, was classified as domain - Physiological: Complex, class - Respiratory Management, and intervention - Tube Care: Chest (2K-1872). The definition of the intervention "management of a patient with an external water-seal drainage device exiting the chest cavity" (McCloskey & Bulechek, 1996, p. 575) was considered as matching the nursing intervention needed after the chest

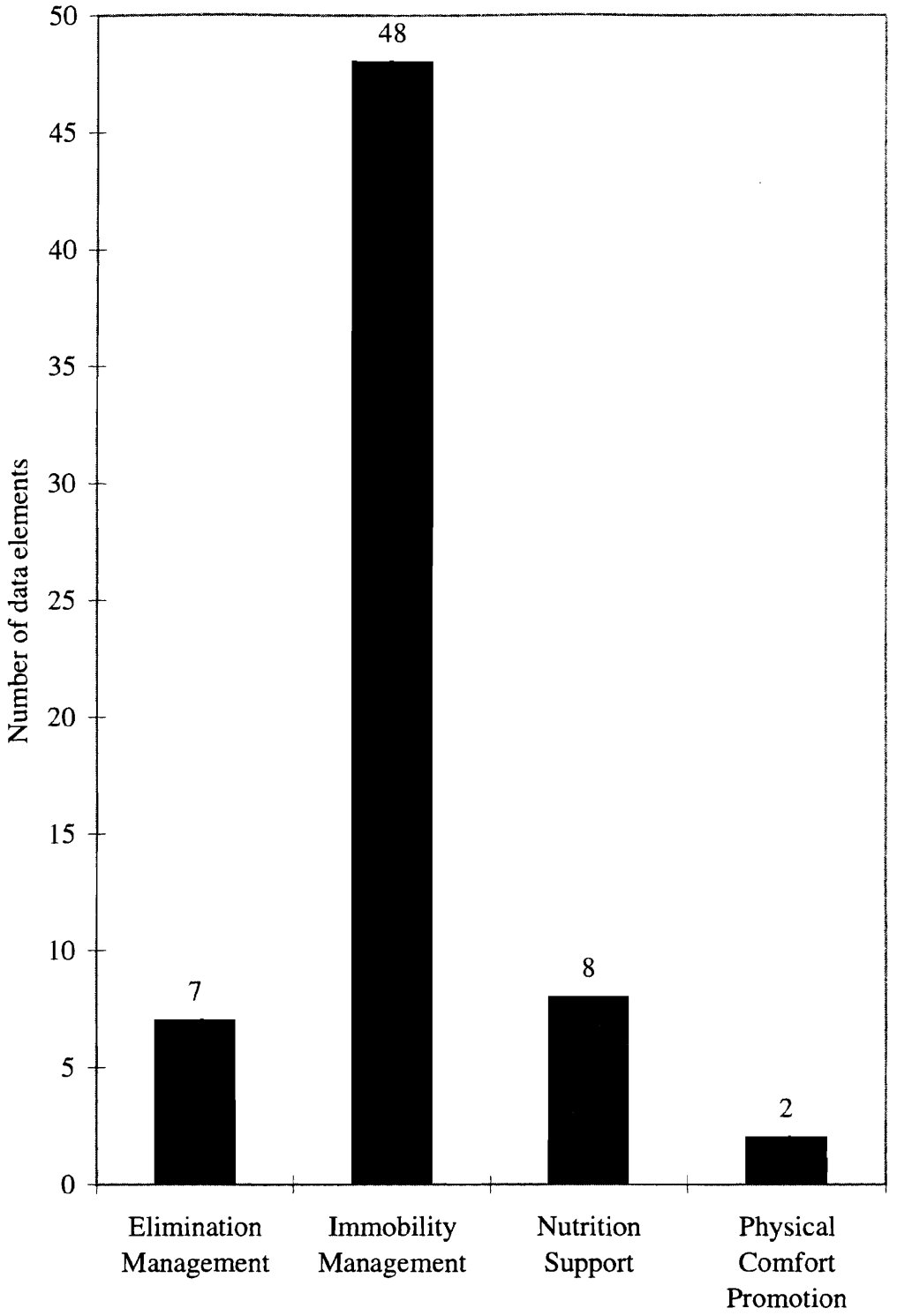

Figure 4.7: Data elements in Physiological: Basic of the NIC
n = 65

Table 4.6: Data elements matching definition of intervention but not activities of the NIC

NIC code	Classification name (Domain. Class - Intervention)	No. of data elements
2K-1872	Physiological: Complex. Respiratory Management - Tube Care: Chest	7
2K-3120	Physiological: Complex. Respiratory Management - Airway Insertion and Stabilization	9
2K-3140	Physiological: Complex. Respiratory Management - Airway Management	2
2N-4044	Physiological: Complex. Tissue Perfusion Management - Cardiac Care: Acute	47
2N-4090	Physiological: Complex. Tissue Perfusion Management - Dysrhythmia Management	3

n = 68

tube was inserted, but did not match for the actual insertion of the tube. Sixty-eight data elements fit into this classification (see Table 4.6).

Only five (1%) of the intervention data elements were classified into the domain - Behavioral. One (20%) of the data elements was classified into the class - Behavior Therapy, and the intervention - Substance Use Treatment: Overdose (3O-4516). The class - Coping Assistance and the intervention - Emotional Support (3R-5270) matched two (40%) of the data elements. The class - Psychological Comfort Promotion and the intervention - Anxiety Reduction (3T-5820) matched another two (40%) of the data elements.

Eighty-seven (12%) of data elements were classified in the domain - Safety. The class - Crisis Management captured 54 (62%) data elements. Thirty-three (38%) of the data elements were classified into Risk Management. However, several of the data elements were classified into two intervention categories. As a result, there were 116 rather than 87 data elements included in the Safety domain (see Table 4.7). Eighty (2%) of the data elements were classified into the domain - Health System, the class - Information Management and the intervention - Health Care Information Exchange (6b-7960).

The most frequently used NMDS elements, in descending order, were nursing intervention, nursing outcome, residence, disposition of patient or client, and sex (see Figure 4.8). The most frequently used NIC intervention was Hemodynamic Regulation which included 110 of the data elements. The other frequently used NIC interventions, in descending order, were Intravenous Therapy, Cardiac Care: Acute, Airway Insertion and Stabilization, and Emergency Care (see Figure 4.9).

Table 4.7: Data elements included in Safety domains of NIC

NIC Intervention code	NIC Classification name (Domain. Class - Intervention)	No. of data elements
4U-6140*	Safety. Crisis Management - Code Management	7
4U-6200*	Safety. Crisis Management - Emergency Care	56
4U-6320	Safety. Crisis Management. - Resuscitation	9
4V-6480*	Safety. Risk Management - Environmental Management	2
4V-6482*	Safety. Risk Management - Environmental Management: Comfort	2
4V-6486*	Safety. Risk Management - Environmental Management: Safety	25
4V-6580*	Safety. Risk Management - Physical Restraint	9
4V-6680	Safety. Risk Management - Vital Sign Monitor	6

n = 116

Note: Since some data elements were classified into two intervention of NIC, the data elements (n) were add up to the total number of 116 instead of 87. The mark "*" represent the data elements were classified into two nursing intervention of NIC.

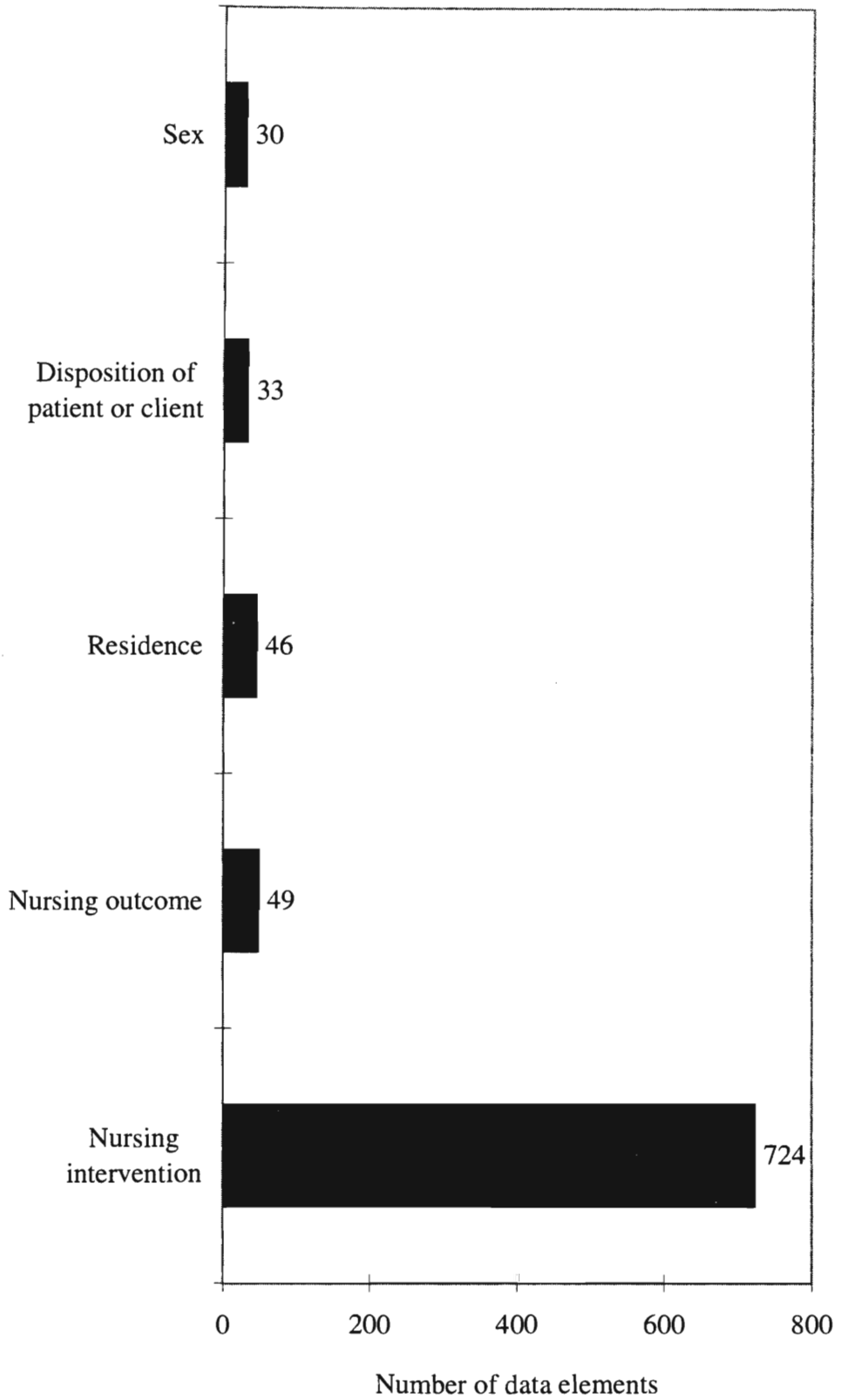

Figure 4.8: Most frequently used NMDS elements

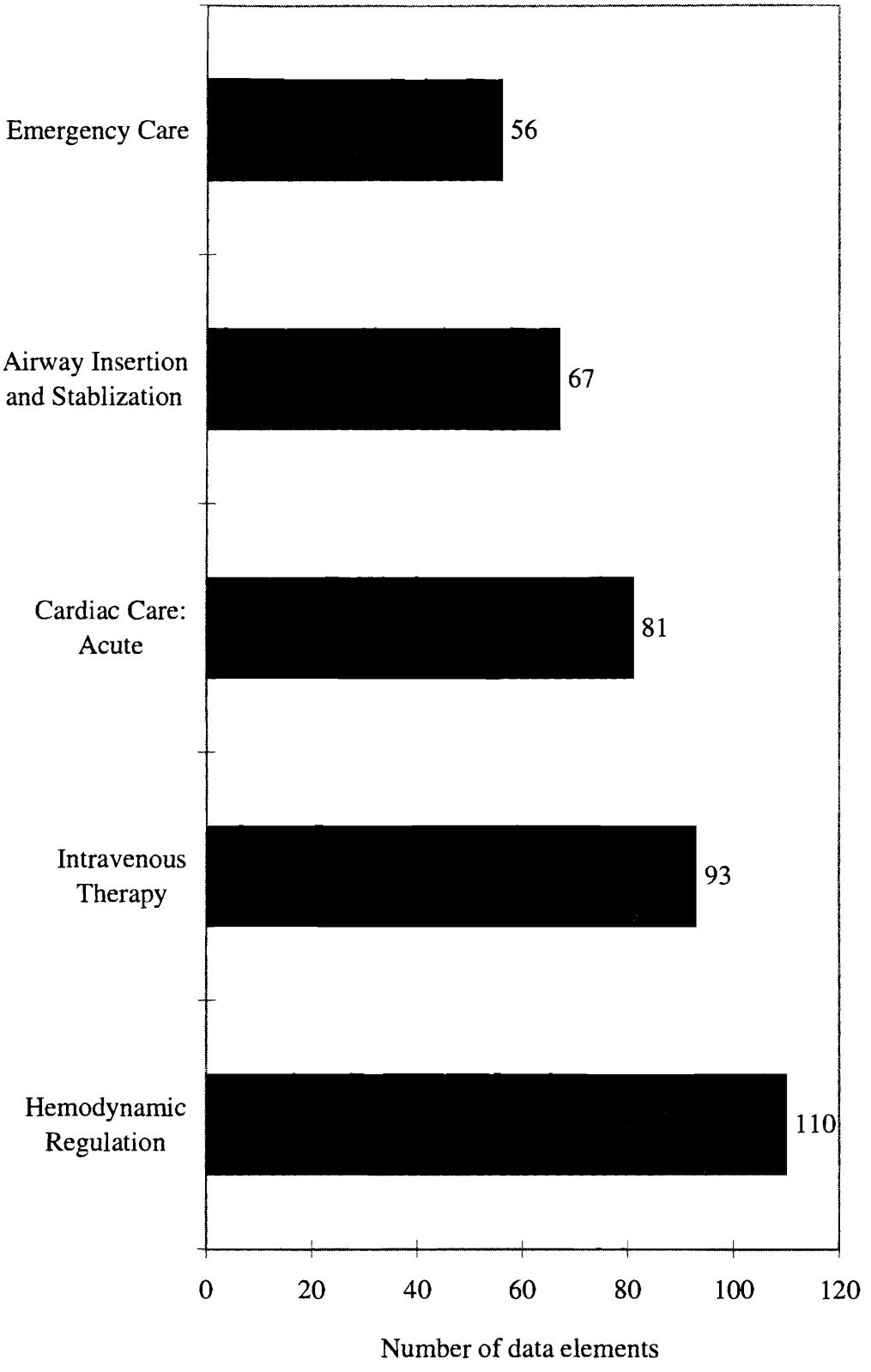

Figure 4.9: Most frequently used NIC interventions

The number of charts that included each patient demographic and service element was noted. Personal identification occurred in 10, date of birth in 16, sex in 17, race and ethnicity in 7, and residence in 17 of flight nurse records for the patient demographic element. Unique health record number of patient or client occurred in 13, episode admission or encounter date in 15, disposition of patient or client elements in 19 and expected payer for most of this bill in 8 of flight nurse records for service items (see Table 4.8).

Table 4.8: Patient demographic and service items of NMDS per flight nurse chart

Item	Number of charts where occurred	Number of terms duplicated within single chart
Personal Identification	10	0
Date of Birth	16	0
Sex	17	11
Race and Ethnicity	7	1
Residence	17	0
Unique Facility or Service Agency Number	0	0
Unique Health Record Number of Patient or Client	13	3
Unique Number of Principal Registered Nurse Provider	0	0
Episode Admission or Encounter Date	15	1
Discharge or Termination Date	0	0
Disposition of Patient or Client	19	13
Expected Payer for most of this Bill	8	0

CHAPTER 5

DISCUSSION

Discussion

Findings from the study indicate that the NMDS was not an all inclusive data set for documentation of flight nursing practice. However, nursing interventions and outcomes were common. In addition, most records included date of birth, sex, residence, unique health record number of patient or client, episode admission or encounter date, and disposition of patient or client elements of the patient demographic and service items. Personal identification, race and ethnicity, and expected payer for most of this bill elements occurred less frequently within the records. Because the care period for transport is very short, discharge or termination date is not relevant. The discharge or termination date can be calculated from admission date and the times recorded during transport.

A measure of the intensity of nursing care was not found in these charts of cardiac patients transported by rotor wing. Intensity of nursing care is not applicable to flight nursing practice. Intensity of nursing care is define as "the total time and staff mix of nursing personnel resources consumed by an individual patient or client in a single length of stay, encounter, or visit" (Werley & Lang, 1988, p. 407). Whenever a flight crew is

called to a hospital or scene of an accident because of their ability to provide a rapid transfer (Newton, 1995), the health care system assumes that the patient condition is either life-threatening or another emergency situation such as potential loss of a limb exists. Consequently, the patient's condition is assumed to be at the highest acuity level or the transport would not be initiated (J. Smith, personal communication, February 18, 1997).

According to J. Smith (personal communication, February 18, 1997), chief flight nurse at University Hospital, patient acuity is not applicable as a tool to determine staffing needs and patient care in the air. She states that flight nurses practice is based on the standard of care in the air and is considered as prehospital care. Patient acuity is useful only for inpatient care and staffing. Patient classification is to provide inpatient-based rational for inpatient staffing regarding nurse-patient ratios and tradeoffs in cost and quality of care (Kelleher, 1994).

Staff mix for transport depends on the type of patient and program policy, not the acuity of the patient. However, patient acuity may be calculated during retrospective chart to determine appropriateness of the transport. According to D. A. Steele (personal communication, January 23, 1997), the accuracy of patient acuity is at times questionable. In certain instance the preflight acuity does not correlate well with the post flight acuity. In such cases the patient may have been inappropriately triaged for air transport.

Unique facility numbers, service agency numbers and unique numbers for the principal registered nurse provider also were not identified within the flight nurse documentation. All flight teams used the name of the hospital or agency and the name of the registered nurses instead of a unique identifier. Unique identifiers may be used in the

future as more flight nurse documentation becomes computerized and more cross program quality assurance is conducted.

Only two nursing diagnoses were found within the 20 patient records . One possible reason for this observation is that the taxonomy of nursing diagnoses may not be clinically useful for flight nurses. According to the research conducting by Roberts, Madigan, Anthony, and Pabst (1996), 148 of 2086 diagnoses made by nurses were not included in the taxonomy of nursing diagnosis. " NANDA terms were not sufficient to represent the board variety of terms recorded by nurses in the nursing care plan and in the nurse progress note or flowsheet" (Henry et al., 1994. p.11). Since flight nurses deal with many collaborative problems and/or medical diagnoses, nursing diagnosis may not be helpful in communicating with physicians or other air medical personnel. For example, a flight nurse may insert and stabilized an airway in response to respiratory distress. The nursing diagnosis of "altered respiratory function" may not relay to the receiving physician the degree of respiratory difficulty or the need for the intubation. Most flight nurses used medical terms for patient problems rather than nursing diagnoses because flight personnel communicate primarily with physicians and physicians are not exposed to nursing terminology during their educational process.

Another reason that nursing diagnosis may not be considered applicable to flight nurses is related to the difficulty of applying the nursing care process to clinical practice (Roberts et al., 1996). Many flight nurses find nursing diagnoses undesirable because of the difficulty of fitting the diagnoses into their diverse patient situations. Instead flight nurses commonly identify medical diagnoses or patient problems rather than nursing diagnoses and problems.

Statements of nursing diagnosis often are confusing, providing redundant information and leading to circular decisions (Chase & Leuner, 1996). Besides, nursing diagnoses lead to few of the flight nurse interventions which may be seen as more medical than nursing in nature. For example, one of the nursing diagnoses indicated on the flight nurse documentation was "alteration in tissue perfusion". The interventions list under this nursing diagnosis (Carpenito, 1989) did not included interventions that related to what the flight nurse actually performed, such as nasal tracheal intubation and providing 100% oxygen via Bag Valve Nasal Endotracheal Tube (BVNET).

Research findings support the belief that nursing diagnoses are difficult to use in practice. In the Chase and Leuner research study (1996) no relationship was shown between the nursing diagnosis label and the intervention selection. When more than one etiology of the nursing diagnoses is present, linking specific interventions to specific etiologies is difficult (Ziegler, Vaughn-Wrobel, & Erlen, 1986). According to Castles's (1984) study, nurses assessing the same patient at approximately the same time did not use the same nursing diagnosis even when the patient condition remained stable. Another study conducted by O'Connell (1995) demonstrates that the semantic ambiguity of the diagnostic language was highlighted when nurses diagnose patient problems. The study also illustrated that the defining characteristics of some nursing diagnoses overlapped.

A concern with the NMDS is that although nursing assessment data is one of the major sets of data elements in flight nurse documentation, assessment data are not included in the NMDS. The Task Force that developed the NMDS determined that the etiologic and defining characteristics of nursing diagnosis from NANDA could be viewed

as nursing assessment data (Werley & Lang, 1988). Consequently assessment data were indirectly rather than directly included in the NMDS.

Nursing assessment data are one of the most important aspects of the nursing process for flight nursing. Patients transported by air often experience life-threatening conditions which required immediate intervention. An accurate and complete assessment is essential for determining appropriate interventions. Assessment data are necessary not only to provide an accurate picture of the patient current situation and to make appropriate decisions (Crow, Chase, & Lamond, 1995), but also to make comparisons across patients and sites. Additionally, assessment data for patient problems are not always articulated in nursing diagnosis terms (O'Connell, 1995).

Using the etiologic and defining characteristics of nursing diagnosis as the nursing assessment data for patients transport by air is not practical. Nursing diagnostic labels and statements of etiology should provide the basis for an intervention decision. However, "diagnostic labels rarely communicate the scope and complexity of inferential relationships required to establish desired outcomes or select interventions in specific situation" (Pinkley, 1991, p. 29).

The most frequent used NMDS element was nursing intervention. The number of interventions was artificially elevated because several data elements were classified as both assessment and continuation of previous nursing intervention or as both nursing intervention and outcome. Many documented nursing interventions were initiated by other health care providers before the flight crew's arrival and then continued by the flight nurses. One example of a data element that was both an assessment of a previous intervention and a continuing intervention was administration of sodium bicarbonate at

60 cc per hour. As discussed previous, "medication in flight effect - O_2 Sat 97-98%" was an example of both nursing intervention and a nursing outcome.

The NIC was used to further evaluate nursing interventions. The NIC nomenclature appeared to be a useful taxonomy for flight nurse documentation. Interventions such as Airway Insertion and Stabilization, Medication Administration: Parental, Mechanical Ventilation, Cardiac Care, Dysrhythmia Management, Hemodynamic Regulation, and Intravenous Therapy were frequently found in the documentation for cardiac patients transported by rotor wing. However, the findings illustrate the need for additions to the NIC in order to increase the comprehensiveness of the NIC.

Although the NIC included many high-technology nursing interventions, the taxonomy did not included all activities performed by flight nurses. In several cases a specific intervention, such as for pericardiocentesis or chest decompression, was missing entirely from the taxonomy. Since NIC development was based on existing nursing practice and did not reflect one specific group of patients, several flight nursing interventions, such as pericardiocentesis or chest decompression, are beyond the traditional scope of nursing practice and were left out entirely from the NIC.

In other cases the intervention was listed or defined, but the activities listed implied that the nurse assisted with the intervention or did monitoring and maintenance only after the intervention was initiated. For example, a flight nurse might insert and stabilize a chest tube or needle thoracostomy. However, the definition of Tube Care: Chest was "management of a patient with an external water-seal drainage device exiting

the chest cavity" (McCloskey & Bulechek, 1996, p. 575) only applies to the flight nurse's activities after the tube is inserted, not the insertion itself.

In some instances an activity was listed that fit the nursing intervention but the rationale for the action was not entirely correct. For example, administration of nitroglycerin and morphine are appropriate for Cardiac Care: Acute and are included under "administer medications to relieve/ prevent pain, as need" (McCloskey & Bulechek, 1996, p. 157). Although a "side effect" of the two medications is to relieve pain, the primary reason for flight nurse administration is to serve as vasodilators in order to reduce preload and increase oxygen supply to the myocardium.

Several nursing interventions were classified into two classes of the NIC. For example, foley insertion can be classified into both Urinary Catheterization and Hemodynamic Regulation. The activities of Urinary Catheterization included the procedure of urinary catheter insertion, which was considered a technical intervention. In contrast, the activity "insert urinary catheter" was listed under Hemodynamic Regulation, representing a flight nurse decision regarding procedures needed to monitor the patient's condition. Consequently, several data elements could be classified as either a nursing intervention or an activity under an intervention. Use of the NIC was difficult when activities overlapped and the intervention definition was vague or incomplete.

The domain - Family was not used within this sample of flight nursing documentation. The Family domain includes the classes of Childbearing Care and Lifespan Care. One reason that this domain was not represented may be that the study focused only on adult cardiac patients.

Few data elements related to the Behavioral and Health System domains were found. Since the flight nurse usually deals with emergency situations, health promotion, psycho-social support, and hospital health care are less applicable for flight nursing practice. In addition, although psycho-social support and patient/family education frequently are done as a part of patient care, they may be less frequently charted in a record format that emphasizes acute care. According to O'Connell (1995), flight nurses often attend to care of patient psycho-social and health maintenance problems during transport. However, flight nurses may be reluctant to label or document these problems because their focus is more predominantly related to physical problems.

The most frequently used Nursing Intervention was Hemodynamic Regulation of Tissue Perfusion Management. The NIC project team defined Hemodynamic Regulation as shown in Table 2.2. In this study, nearly 85% of flight nursing activities performed were directed toward cardiac medication administration with the aim of optimizing heart rate, preload, afterload, and contractility. This finding was expected because the sample was limited to adult cardiac patients. Other interventions frequently encountered were Intravenous Therapy, Cardiac Care: Acute, Airway Insertion and Stabilization, and Emergency Care. These interventions also were expected because of the nature of cardiac care.

Strengths of the Study

This study of flight nurse documentation has several strengths. The study is the first research involving an in-depth analysis of data found within a record for patient transport. Another strength of the study is that the research sample was multicentered.

The sample was randomly selected from 50 rotor wing transport programs which belong to AAMS. The study attempted to eliminate systematic bias by random sampling from a larger convenience sample of air transport patient records.

One of the strengths of the analysis results because flight nurse documentation usually is relatively short and charts are easier to obtain than charts for hospitalized or clinic patients. Additionally, flight nurse documentation usually is recorded by one person. Consequently an entire patient record, without within record difference due to the individual doing the charting, could be analyzed. An additional strength relates to the uniqueness of flight nurse practice. Patient care during transport is extremely intensive and interventions often are beyond the traditional scope of nursing practice. This study was able to examine whether the NMDS and NIC are useful and applicable in specific settings where nursing care is unique. The findings help to determine the extent to which the NMDS and the NIC are useful across all nursing setting.

Limitation of the Study

The major limitation of the study was the method used to extract and analyze information from the patient chart. Extraction of the data elements was difficult because isolation of a single data element was often an ambiguous task. The narratives were the most difficult to analyze. As an example, "with occasional unifocal PVC, S1, 2 positive clear without murmur" was broken down into three data elements "with occasional unifocal PVC," "S1, S2 positive clear," and "without murmur." The decision of whether to break the phrase into two data elements "with occasional unifocal PVC" and "S1, 2 positive clear without murmur" or three was difficult. However, the author chose to break

the sentence into three data elements because the definition of a data element was smallest unit of data attribute that has meaning without interpretation (ANA, 1994). "With occasional unifocal PVC," "S1, 2 positive clear," and "without murmur" represent three different piece of assessment data, and each can be interpreted without the other two data elements.

Analysis of information in the record was difficult. Each record was different, following documentation protocol established by the individual institution, not according a protocol set forth by this study. However, this fact also was a strength of the study because the data elements represent the reality of flight nurse practice. Interpretation of information written in the patient records often was difficult. One of the reasons was the illegibility of a hand written record. Another reason for the difficulty was that acronyms were common and varied from institution to institution. For example, "ECO_2" and "$ETCO_2$" both referred to end tidal carbon dioxide measurement. Also, some data elements were difficult to interpreted such as "hemocue - Tx render" and "burn sheet - assessment and intervention information."

Another limitation was the use of consensus rather than a strict standard of interrater reliability. Classification of the data elements required that the author be familiar with all interventions and their associated activities within the NIC. Since the NIC contains 433 different intervention with many activities for each of the interventions this was a daunting task. The author initially was unable to find all interventions within the NIC. For example, the author assumed that the intervention "applied MAST trousers" was meant to stop or reduce bleeding. However, MAST trousers were not listed with the definition or the activities of Bleeding Precaution or Bleeding Reduction. In addition, the

intervention, 'hard C-collar" which was used for immobilization of the cervical spine, was not found under the Immobility Management. Instead, both nursing activities were listed under Emergency Care intervention. As author familiarity with the interventions of the NIC increased, identification of the appropriate intervention classification become easier. Fortunately only a small subset of the nursing interventions was found in this sample, limiting the number of NIC domains that could contain possible matches.

Because the author does not have flight nurse experience, classification of the data elements was more difficult than it would have been for an experienced flight nurse. Interpreting and classifying the flight nursing intervention was more complicated in cases where the author did not understand the scope of practice for flight nurses. Part of the difficulties were overcome by guidance and advice from Dr. Thompson who has a strong background in flight nursing.

Conclusion, Implications, and Future Research

The results of the study suggests that the current version of the NMDS, with modifications, may be use for flight nurses documentation to establish comparability of data across populations, settings, and times. The NMDS can be used to abstract essential data elements to describe nursing practice.

The subset of data included within the NMDS are essential for predicting trends or making comparisons of flight nursing practice across setting. Use of the NMDS should facilitate standardization of data collection if the taxonomy is used to structure the chart format of individual transport programs. Flight nurse documentation using the NMDS

framework can be utilized in the quality improvement process. Availability of standardized data from all programs should improve quality assurance activities.

However, the NMDS needs modification specifically for the flight nurse setting. The NMDS does not include essential flight data such as dispatch time, mode of transport, or ground time. Data such as the above are unique to the transport environment and essential in the evaluation of quality of care. Within that environment time intervals not only indicate the efficiency of the flight team in response to the call but also imply the period of care given by flight nurses. The NMDS does not include any time elements that are important indicators of nursing care and important for research purposes.

Assessment data are not included in the NMDS; however, these data are essential to care of patient during transport. The author recommends that the decision to omit assessment data from the NMDS be reconsidered. Utilization of a different patient problem classification system other than nursing diagnoses and the related factors or the development of another system to describe flight nurse assessment data is necessary. Nursing diagnoses were not used frequently by flight nurses and a need exists to develop another system to represent the diagnostic category of the NMDS for flight nurses. In addition, a system other than the nursing diagnoses is needed to represent assessment data.

The NIC also was a useful taxonomy but was not a sufficient classification system for flight nurse documentation. Because of the uniqueness of flight nursing practice, many patient interventions are beyond the traditional scope of nursing practice. Consequently, the NIC did not represent all interventions done by flight nurses. The NIC also assumed a more supportive role for nurses in many invasive procedures, whereas

during air transport flight nurses often are required to implement an invasive procedure independently. To make the NIC more adequately apply to flight nurses, a greater inclusion of interventions representing invasive procedures such as cricothyroidotomy, intubation and needle thoracentesis insertion is needed.

In addition, the NIC is not a mutually exclusive classification system making the building of a database to support the flight nurse interventions more difficult. Several data elements from the study could be classified into two or three classes, interventions and listed activities. A further observation was that some flight nursing interventions could be classified as either a nursing intervention or a listed activities. To increase consistently within the NIC, a need exists to standardize interventions and activities either by developing guidelines as to how to use the double or triple coding scheme or by modifying the classification so that all categories are mutually exclusive.

The results of the study support the need to continue work on the NMDS and the NIC before being utilized for flight nurse practice. Flight nurses need to be actively involved in making recommendations as the NIC project work continues and for suggesting revisions to the NMDS. As a result of this study, a need was identified for other areas of nursing practice to evaluate the usefulness and applicable of the NMDS and the NIC using a similar study design. A need for further research to compare the data from this study to other settings with nurse provided care also exists. This finding also indicates that nursing documentation formats need to be modified to increase consistency in data collection and promote implementation of the use of a standard language.

Nurses need standardized nursing data to evaluate the effectiveness of patient care and to demonstrate the contribution nurses make to patient outcomes. The NMDS is a

framework to collect and retrieve essential data for improve quality care. Nursing intervention is also an essential factor of nursing practice. Despite the identified limitations, utilization of the NMDS and the NIC is crucial for nurses to use in the development of nursing information systems in order to make nursing visible to the public and to influence health policy decision.

APPENDIX A

FLIGHT NURSING DOCUMENTATION DATA ANALYSIS

Team	Ch #	Data element	Group name	L1 code	L2 code	L2 code	L3 code
200	1	Flight nurse	Flight data	0			
200	1	Paramedic	Flight data	0			
200	1	Pilot	Flight data	0			
200	1	Scene	Flight data	0			
200	1	Transferring physician	Flight data	0			
200	1	Transferring facility	Flight data	0			
200	1	Receiving physician	Flight data	0			
200	1	Receiving facility	Flight data	1	1.35		
200	1	Date of flight	Flight data	1	1.33		
200	1	Flight #	Flight data	1	1.31		
200	1	Standby	Flight data	0			
200	1	Standby time	Flight data	0			
200	1	Time	Flight data	0			
200	1	Depart	Flight data	0			
200	1	Arrive	Flight data	0			
200	1	Depart	Flight data	0			
200	1	Arrive	Flight data	0			
200	1	Depart	Flight data	0			
200	1	Arrive	Flight data	0			
200	1	Name	Patient information	0			
200	1	Address	Patient information	1	1.29		
200	1	Age	Patient information	0			
200	1	DOB	Patient information	1	1.26		
200	1	M/F	Patient information	1	1.27		
200	1	Valuable "no"	Patient information	0			
200	1	Family disposition: wife enrout SWA	Patient information	0			
200	1	Patient WT	Patient information	0			
200	1	CORP	Transport vehicle	0			
200	1	FW	Transport vehicle	0			
200	1	Ground	Transport vehicle	0			
200	1	Other	Transport vehicle	0			
200	1	Adult	Type of call	0			
200	1	Pediatrics	Type of call	0			
200	1	Medical	Type of call	0			
200	1	Cardiac	Type of call	0			
200	1	Trauma	Type of call	0			
200	1	App of mast inf L A	Crew procedures	1	1.12		2N-4258/ 4U-6200

200	1	Chest tube/ needle throrac	Crew procedures	1	1.12	*2K-1872
200	1	Defib/ Cardiovert	Crew procedures	1	1.12	2N-4040/ 4U-6140
200	1	EOA/ EGTA	Crew procedures	1	1.12	2K-3120
200	1	Cricothyrotomy	Crew procedures	1	1.12	*2K-3120
200	1	Endo/ nasal intubation	Crew procedures	1	1.12	2K-3120
200	1	Intraosseous	Crew procedures	1	1.12	2H-2303
200	1	Pericardiocentesis	Crew procedures	1	1.12	*7
200	1	Pacer	Crew procedures	1	1.12	2N-4150/ 2N-4090/ 2N-4040
200	1	Trans cutaneous	Crew procedures	1	1.12	2N-4150/ 2N-4090/ 2N-4040
200	1	Central line	Crew procedures	1	1.12	2H-2440
200	1	IABP	Crew procedures	1	1.12	2N-4254/ 2N-4064
200	1	IV	Crew procedures	1	1.12	2N-4190
200	1	Ventilator	Crew procedures	1	1.12	2K-3300
200	1	Pt c/o mid sternal cheat pain, non radiating	HPI/ Mechanism of injury/ Illness	0		
200	1	no SOB	HPI/ Mechanism of injury/ Illness	0		
200	1	awake	HPI/ Mechanism of injury/ Illness	0		
200	1	this Am, pt went to ER	HPI/ Mechanism of injury/ Illness	0		
200	1	Pt to ICU	HPI/ Mechanism of injury/ Illness	0		
200	1	NTG & Hep gtt started	HPI/ Mechanism of injury/ Illness	0		
200	1	Injury time		0		
200	1	Admit ref		0		
200	1	Pt has 3 IV access site	Preflight lab/ medication/ treatments	0		
200	1	with Hep gtt @ 1000u/h	Preflight lab/ medication/ treatments	0		

200	1	receive 10,000u bolus	Preflight lab/ medication/ treatments	0
200	1	NTG gtt @ 5 mcg (3cc/hr)	Preflight lab/ medication/ treatments	0
200	1	Pt cont to have pain 4/10- "pressure"	Preflight lab/ medication/ treatments	0
200	1	EKG: "increase" ST V1,2	Preflight lab/ medication/ treatments	0
200	1	Echo: ? post MI	Preflight lab/ medication/ treatments	0
200	1	Lab graphy	Preflight lab/ medication/ treatments	0
200	1	Sed rate 12	Preflight lab/ medication/ treatments	0
200	1	Arrived ICU	Preflight lab/ medication/ treatments	0
200	1	Pt supine "with" HOB "increase" 30 "degree"	Preflight lab/ medication/ treatments	0
200	1	with C/O 4/10 "pressure" type of pain across low chest wall & epigastric area	Preflight lab/ medication/ treatments	0
200	1	Denies SOB	Preflight lab/ medication/ treatments	0
200	1	Skin pink, W & D	Preflight lab/ medication/ treatments	0
200	1	CM: ST "without" ectopy	Preflight lab/ medication/ treatments	0

200	1 O2 @ 6L/NC	Preflight lab/ medication/ treatments	0
200	1 IVs as above	Preflight lab/ medication/ treatments	0
200	1 Assessment as below	Preflight lab/ medication/ treatments	0
200	1 Pt Preflight	Preflight lab/ medication/ treatments	0
200	1 Pt to LL equipment	Preflight lab/ medication/ treatments	0
200	1 Pt status unchanged	Preflight lab/ medication/ treatments	0
200	1 Mast (inflated/uninflated)	Preflight lab/ medication/ treatments	0
200	1 CC	Preflight lab/ medication/ treatments	0
200	1 BB	Preflight lab/ medication/ treatments	0
200	1 KED	Preflight lab/ medication/ treatments	0
200	1 CID	Preflight lab/ medication/ treatments	0
200	1 Splint	Preflight lab/ medication/ treatments	0
200	1 Trauma score	Preflight lab/ medication/ treatments	0
200	1 ISS	Preflight lab/ medication/ treatments	0

200	1	PTS	Preflight lab/ medication/ treatments	0		
200	1	TET TOX	Preflight lab/ medication/ treatments	0		
200	1	In flight Pt status remained unchanged throughout transport	Inflight patient status/ comments	0		
200	1	Denies "change" in pain	Inflight patient status/ comments	0		
200	1	See meds	Inflight patient status/ comments	0		
200	1	Pt denied SOB	Inflight patient status/ comments	0		
200	1	even "with" resp rate in the 30's- shallow & nonlabored	Inflight patient status/ comments	0		
200	1	Skin cond remained pink, W & D	Inflight patient status/ comments	0		
200	1	with cap refill "less than" 2 sec	Inflight patient status/ comments	0		
200	1	Arrive ***	Inflight patient status/ comments	1	1.35	
200	1	without event or complication	Inflight patient status/ comments	1	1.13	
200	1	Hot off load	Inflight patient status/ comments	1	1.12	1C-0960
200	1	and direct to cath lab	Inflight patient status/ comments	1	1.35	
200	1	Report off to *** a cath lab staff	Inflight patient status/ comments	1	1.12	6b-7960
200	1	Pt cont to have 4/10 "pressure" pain- no "change"	Inflight patient status/ comments	1	1.13	
200	1	No "changed"	Inflight patient status/ comments	1	1.13	
200	1	Mast (inflated/uninflated)	Inflight patient status/ comments	1	1.12	2N-4258/ 4U-6200
200	1	CC	Inflight patient status/ comments	1	1.12	4U-6200

200	1 BB	Inflight patient status/ comments	1	1.12	4U-6200
200	1 KED	Inflight patient status/ comments	1	1.12	4U-6200
200	1 CID	Inflight patient status/ comments	1	1.12	4U-6200
200	1 Splint	Inflight patient status/ comments	1	1.12	1C-0910
200	1 BP	Inflight patient status/ comments	0		
200	1 Pulse	Inflight patient status/ comments	0		
200	1 Rhythm	Inflight patient status/ comments	0		
200	1 ST	Inflight patient status/ comments	0		
200	1 ST "with" occ unifocal PVC	Inflight patient status/ comments	0		
200	1 Resp rate	Inflight patient status/ comments	0		
200	1 Cap. refill	Inflight patient status/ comments	0		
200	1 Glasgow E4	Inflight patient status/ comments	0		
200	1 Glasgow M6	Inflight patient status/ comments	0		
200	1 Glasgow V5	Inflight patient status/ comments	0		
200	1 R pupil 3	Inflight patient status/ comments	0		
200	1 L pupil 3	Inflight patient status/ comments	0		
200	1 O2 6L	Inflight patient status/ comments	1	1.121	2K-3320
200	1 O2 type- NC	Inflight patient status/ comments	1	1.121	2K-3320
200	1 O2 oximeter	Inflight patient status/ comments	1	1.121	2K-3350
200	1 Other	Inflight patient status/ comments	0		
200	1 Offload	Inflight patient status/ comments	1	1.12	1C-0960

200	1	Patient tolerated flight	Inflight patient status/ comments	0	
200	1	Allergies: NKDA per pt	Patient assessment	0	
200	1	Routine meds: none per pt	Patient assessment	0	
200	1	Past medical history: none per pt (unknown smoking hx- did not ask pt)	Patient assessment	0	
200	1	Last meal: Last Noc	Patient assessment	0	
200	1	Conscious	Patient assessment-General appearance/mental status	0	
200	1	and alert	Patient assessment-General appearance/mental status	0	
200	1	55 y/o WM.	Patient assessment-General appearance/mental status	1	1.27
200	1	with c/o chest pain	Patient assessment-General appearance/mental status	0	
200	1	GCS = 15	Patient assessment-Neuro	0	
200	1	Pt A, A "and" O X3	Patient assessment-Neuro	0	
200	1	PERRL	Patient assessment-Neuro	0	
200	1	MST "positive" X4	Patient assessment-Neuro	0	
200	1	about 30 non labored	Patient assessment-Respiratory	0	
200	1	and "without" C/O SOB	Patient assessment-Respiratory	0	
200	1	Bil chest expansion "negative"	Patient assessment-Respiratory	0	

200	1	Lung "positive" /clear	Patient assessment-Respiratory	0			
200	1	O2 @ 6L/NC to 4L/NC due to irritating to pt	Patient assessment-Respiratory	0			
200	1	O2 Sat 97-98%	Patient assessment-Respiratory	0			
200	1	CM= ST	Patient assessment-Cardiac/ circulatory	0			
200	1	with occasional unifocol PVC	Patient assessment-Cardiac/ circulatory	0			
200	1	S1,2 "positive" /clear	Patient assessment-Cardiac/ circulatory	0			
200	1	without "murmur"	Patient assessment-Cardiac/ circulatory	0			
200	1	Periph Pulse "positive"/ Strong X4	Patient assessment-Cardiac/ circulatory	0			
200	1	Bowel sounds "positive"	Patient assessment-ABD/ pelvis	0			
200	1	Abd soft, nontender	Patient assessment-ABD/ pelvis	0			
200	1	Extremities "without" defor	Patient assessment-Extremities	0			
200	1	or skin breaks noted	Patient assessment-Extremities	0			
200	1	See IV's	Patient assessment-Extremities	0			
200	1	Pink	Patient assessment-Skin/ capillary refill	0			
200	1	Warm	Patient assessment-Skin/ capillary refill	0			
200	1	Dry	Patient assessment-Skin/ capillary refill	0			
200	1	with cap refill "less than" 2 sec	Patient assessment-Skin/ capillary refill	0			
200	1	L Chest pain- Unstable Angina	Patient assessment-Transport diagnosis	0			
200	1	r/o MI	Patient assessment-Transport diagnosis	0			
200	1	Medication- O2 @ 6L/NC	Medication in flight	1	1.12		2K-3320

200	1	Medication- "decrease" 4L/ NC	Medication in flight	1	1.12	2K-3320
200	1	Medication- "increase" NTG drip to 6cc = 10mcg	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Medication- "increase" NTG drip to 12cc = 20mcg	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Dose	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Route	Medication in flight	1	1.12	2N-4200
200	1	Site	Medication in flight	1	1.12	2N-4200
200	1	Effect- No "change" remains 4/10 pain	Medication in flight	1	1.12/ 1.13	2H-2305
200	1	Effect- O2 Sat 97-98%	Medication in flight	1	1.12/ 1.13	2H-2305
200	1	Body graph		0		
200	1	Preflight oral intake	Intake / Output- Intake	0		
200	1	Preflight NG intake	Intake / Output- Intake	0		
200	1	Preflight IV intake	Intake / Output- Intake	0		
200	1	Preflight blood products	Intake / Output- Intake	0		
200	1	Inflight oral intake	Intake / Output- Intake	0		
200	1	Inflight NG intake	Intake / Output- Intake	0		
200	1	Inflight IV intake	Intake / Output- Intake	0		
200	1	Inflight blood products	Intake / Output- Intake	0		
200	1	Oral intake total	Intake / Output- Intake	0		
200	1	NG intake total	Intake / Output- Intake	0		
200	1	IV intake total	Intake / Output- Intake	0		
200	1	Blood product intake	Intake / Output- Intake	0		

200	1	Preflight Urine output	Intake / Output-Output	0		
200	1	Preflight NG output	Intake / Output-Output	0		
200	1	Preflight Emesis output	Intake / Output-Output	0		
200	1	Preflight estimated blood loss output	Intake / Output-Output	0		
200	1	Inflight Urine output	Intake / Output-Output	0		
200	1	Inflight NG output	Intake / Output-Output	0		
200	1	Inflight Emesis output	Intake / Output-Output	0		
200	1	Inflight estimated blood loss output	Intake / Output-Output	0		
200	1	Urine output total	Intake / Output-Output	0		
200	1	NG output total	Intake / Output-Output	0		
200	1	Emesis output total	Intake / Output-Output	0		
200	1	Estimated blood loss output total	Intake / Output-Output	0		
200	1	Site RH	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Site L AC	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Site LH	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Size	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Solution/drug- NS (500)	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Solution/drug- PB Hep @ 1000u/hr	IV fluids/ IV drip medications	1	1.121	2N-4060
200	1	Solution/drug- NS (500)	IV fluids/ IV drip medications	1	1.121	2N-4200
200	1	Solution/drug- PB NTG 25mg/250 D5W @ 6cc/hr/pump = 10mcg/mins	IV fluids/ IV drip medications	1	1.121	2N-4150/ *2N-4044

200	1	Solution/drug- Saline lock	IV fluids/ IV drip medications	1		1.121	2N-4200
200	1	Rate	IV fluids/ IV drip medications	1		1.121	2N-4200
200	1	Actual dose	IV fluids/ IV drip medications	1		1.121	2H-2305
200	1	Preflight/ credit volume	IV fluids/ IV drip medications	0			
200	1	Status of patient at transfer of care: Guarded		0			
200	1	Report to: ***		1	1.12		1C-0960
200	1	Location: Cath Lab		0			
200	1	Time		0			
200	1	Copy of chart left at facility		0			
201	2	Date		0			
201	2	Flight #		1	1.31		
201	2	Amb. ser. #		0			
201	2	Tail		0			
201	2	Name		0			
201	2	Street		1	1.29		
201	2	City		1	1.29		
201	2	State		1	1.29		
201	2	Zip		1	1.29		
201	2	Phone		0			
201	2	Race		1	1.28		
201	2	Sex		1	1.27		
201	2	DOB		1	1.26		
201	2	Age		0			
201	2	Weight		0			
201	2	Highest altitude		0			
201	2	MSL		0			
201	2	Cabib (FW only)		0			
201	2	Req MS		0			
201	2	Pt location		0			
201	2	Receiving Hosp		1	1.35		
201	2	City		0			
201	2	Zip		0			
201	2	Receiving MD		0			
201	2	Medical control		0			
201	2	PMH none		0			

201	2	Vitamins	Home meds	0				
201	2	Halcion	Home meds	0				
201	2	To ER @ 1230 "with" CP	Present illness/injury	0				
201	2	"and" Bradycardia	Present	0				
201	2	Date & time of injury		0				
201	2	Allergies: Tetracycline		0				
201	2	Treatment prior to arrival by		0				
201	2	Oxygen (mask/cannula/NRB/BVM) L/min	Treatment prior to arrival	0				
201	2	Nasal/ oral airway	Treatment prior to arrival	0				
201	2	ETT	Treatment prior to arrival	0				
201	2	NTT	Treatment prior to arrival	0				
201	2	NTT size	Treatment prior to arrival	0				
201	2	NTT cm @ lip/teeth	Treatment prior to arrival	0				
201	2	Cricothyrotomy	Treatment prior to arrival	0				
201	2	Cricothyrotomy size	Treatment prior to arrival	0				
201	2	TV	Treatment prior to arrival- Ventilator	0				
201	2	IMV	Treatment prior to arrival- Ventilator	0				
201	2	PEEP	Treatment prior to arrival- Ventilator	0				
201	2	PAP	Treatment prior to arrival- Ventilator	0				
201	2	FIO2	Treatment prior to arrival- Ventilator	0				
201	2	Suctioning	Treatment prior to arrival	0				
201	2	Needle decompression L	Treatment prior to arrival	0				
201	2	Needle decompression R	Treatment prior to arrival	0				

201	2	Chest tube L	Treatment prior to arrival	0
201	2	Chest tube R	Treatment prior to arrival	0
201	2	Chest tube size	Treatment prior to arrival	0
201	2	CID	Treatment prior to arrival	0
201	2	Long backboard	Treatment prior to arrival	0
201	2	C-Collar	Treatment prior to arrival	0
201	2	Splints	Treatment prior to arrival	0
201	2	Extrication	Treatment prior to arrival	0
201	2	Lap belt/ shoulder harness	Treatment prior to arrival- Protective equipment	0
201	2	Helmet	Treatment prior to arrival- Protective equipment	0
201	2	Air bag	Treatment prior to arrival- Protective equipment	0
201	2	Car seat	Treatment prior to arrival- Protective equipment	0
201	2	None	Treatment prior to arrival- Protective equipment	0
201	2	Unknown	Treatment prior to arrival- Protective equipment	0
201	2	MAST trouser inflated	Treatment prior to arrival	0
201	2	MAST trousers in place	Treatment prior to arrival	0
201	2	IV periph	Treatment prior to arrival	0
201	2	IV periph GA	Treatment prior to arrival	0

201	2 IV periph site R AC	Treatment prior to arrival	0
201	2 IV periph site L FA	Treatment prior to arrival	0
201	2 Central line	Treatment prior to arrival	0
201	2 Central line GA	Treatment prior to arrival	0
201	2 Central line site	Treatment prior to arrival	0
201	2 Intraosseous	Treatment prior to arrival	0
201	2 Intraosseous GA	Treatment prior to arrival	0
201	2 Intraosseous site	Treatment prior to arrival	0
201	2 Drug atropine	Treatment prior to arrival	0
201	2 Monitor	Treatment prior to arrival	0
201	2 Foley	Treatment prior to arrival	0
201	2 Foley Fr	Treatment prior to arrival	0
201	2 Foley output	Treatment prior to arrival	0
201	2 NG/OG	Treatment prior to arrival	0
201	2 NG/OG Fr.	Treatment prior to arrival	0
201	2 NG/OG output	Treatment prior to arrival	0
201	2 CPR	Treatment prior to arrival	0
201	2 Defib/ Cardiovert @ Joules	Treatment prior to arrival	0
201	2 Labs	Treatment prior to arrival	0
201	2 EKG	Treatment prior to arrival	0
201	2 CAT scan	Treatment prior to arrival	0

201	2	Dressing	Treatment prior to arrival	0	
201	2	X-rays	Treatment prior to arrival	0	
201	2	Cath films	Treatment prior to arrival	0	
201	2	"illeg"	Treatment prior to arrival	0	
201	2	Time	Primary survey	0	
201	2	Clear	Primary survey-Airway	0	
201	2	Noisy	Primary survey-Airway	0	
201	2	Obstructive	Primary survey-Airway	0	
201	2	ETT/NTT	Primary survey-Airway	0	
201	2	Oral/ nasal airway	Primary survey-Airway	0	
201	2	Chin lift/ jaw thrust	Primary survey-Airway	0	
201	2	C-Spine precautions	Primary survey-Airway	0	
201	2	Comments	Primary survey-Airway	0	
201	2	Normal	Primary survey-Breathing	0	
201	2	Labored	Primary survey-Breathing	0	
201	2	Absent	Primary survey-Breathing	0	
201	2	Tachypnea	Primary survey-Breathing	0	
201	2	Shallow	Primary survey-Breathing	0	
201	2	BVM	Primary survey-Breathing	0	
201	2	O2 4 L/min (Mask/Cannula/NRB)	Primary survey-Breathing	0	
201	2	Comments: Resp even "and" unlabored	Primary survey-Breathing	0	

201	2	Cap refill	Primary survey- Circulation- Cap refill	0
201	2	Normal	Primary survey- Circulation- Cap refill	0
201	2	Delayed	Primary survey- Circulation- Cap refill	0
201	2	Absent	Primary survey- Circulation- Cap refill	0
201	2	Pulse	Primary survey- Circulation- Pulse	0
201	2	Normal	Primary survey- Circulation- Pulse	0
201	2	Weak	Primary survey- Circulation- Pulse	0
201	2	Absent	Primary survey- Circulation- Pulse	0
201	2	Equal	Primary survey- Circulation- Pulse	0
201	2	Comments Cap. refill brisk	Primary survey- Circulation	0
201	2	Hemorrhage	Primary survey- Circulation	0
201	2	Hemorrhage none	Primary survey- Circulation	0
201	2	Hemorrhage site	Primary survey- Circulation	0
201	2	Hemorrhage dressing	Primary survey- Circulation	0
201	2	Hemorrhage comments	Primary survey- Circulation	0
201	2	Alert	Primary survey- Disability/Neuro	0
201	2	Verbal	Primary survey- Disability/Neuro	0
201	2	Pain	Primary survey- Disability/Neuro	0
201	2	Unresponsive	Primary survey- Disability/Neuro	0

201	2	GCS	Primary survey-Disability/Neuro	0		
201	2	Revised trauma score	Primary survey-Disability/Neuro	0		
201	2	Solutions- 0.9% NaCl	Fluids	1	1.121	2N-4200
201	2	Rate- @ KVO	Fluids	1	1.121	2N-4200
201	2	Site- R ACF	Fluids	1	1.121	2N-4200
201	2	IV site "without" redness or swelling @ puncture site	Fluids	0		
201	2	"check" patency	Fluids	0		
201	2	Initial	Fluids	0		
201	2	Time	Secondary survey	0		
201	2	No obvious injury	Secondary survey-Head	0		
201	2	Laceration	Secondary survey-Head	0		
201	2	Hematoma	Secondary survey-Head	0		
201	2	Otorrhea	Secondary survey-Head	0		
201	2	Rhinophca	Secondary survey-Head	0		
201	2	Fractures	Secondary survey-Head	0		
201	2	Comments Normocephalic	Secondary survey-Head	0		
201	2	No obvious injury	Secondary survey-Face/EENT	0		
201	2	Laceration	Secondary survey-Face/EENT	0		
201	2	Abrasion	Secondary survey-Face/EENT	0		
201	2	PERLA	Secondary survey-Face/EENT	0		
201	2	Contusion	Secondary survey-Face/EENT	0		
201	2	Fracture	Secondary survey-Face/EENT	0		
201	2	Comments Pupils brisk @ 3mm	Secondary survey-Face/EENT	0		

201	2	No obvious injury	Secondary survey-Neck	0
201	2	Laceration	Secondary survey-Neck	0
201	2	Abrasion	Secondary survey-Neck	0
201	2	Midline trachea	Secondary survey-Neck	0
201	2	Contusion	Secondary survey-Neck	0
201	2	Fractures	Secondary survey-Neck	0
201	2	Pain	Secondary survey-Neck	0
201	2	Non-tender	Secondary survey-Neck	0
201	2	JVD Carotid	Secondary survey-Neck	0
201	2	Comments	Secondary survey-Neck	0
201	2	No obvious injury	Secondary survey-Chest	0
201	2	BBS equal	Secondary survey-Chest	0
201	2	Clear	Secondary survey-Chest	0
201	2	Diminished	Secondary survey-Chest	0
201	2	Absent	Secondary survey-Chest	0
201	2	Rales	Secondary survey-Chest	0
201	2	Rhonchi	Secondary survey-Chest	0
201	2	Wheezes	Secondary survey-Chest	0
201	2	Deformity	Secondary survey-Chest	0
201	2	Crepitus	Secondary survey-Chest	0
201	2	Rhythm interpretation Sinus bradycardia	Secondary survey-Chest	0

201	2	Heart tones	Secondary survey-Chest	0
201	2	Audible	Secondary survey-Chest	0
201	2	Muffled	Secondary survey-Chest	0
201	2	Absent	Secondary survey-Chest	0
201	2	Comments	Secondary survey-Chest	0
201	2	No obvious injury	Secondary survey-Abdomen/Pelvic	0
201	2	Laceration	Secondary survey-Abdomen/Pelvic	0
201	2	Abrasion	Secondary survey-Abdomen/Pelvic	0
201	2	Contusion	Secondary survey-Abdomen/Pelvic	0
201	2	Penetrating wound	Secondary survey-Abdomen/Pelvic	0
201	2	Distended	Secondary survey-Abdomen/Pelvic	0
201	2	Rigid	Secondary survey-Abdomen/Pelvic	0
201	2	Tender	Secondary survey-Abdomen/Pelvic	0
201	2	Soft	Secondary survey-Abdomen/Pelvic	0
201	2	Non-tender	Secondary survey-Abdomen/Pelvic	0
201	2	Bowel sounds	Secondary survey-Abdomen/Pelvic	0
201	2	Pelvic	Secondary survey-Abdomen/Pelvic	0
201	2	Pelvic stable on palp	Secondary survey-Abdomen/Pelvic	0
201	2	Pelvic pain on palp	Secondary survey-Abdomen/Pelvic	0
201	2	Comments	Secondary survey-Abdomen/Pelvic	0
201	2	Foley cath	Secondary survey-GU	0

201	2	Normal male	Secondary survey-GU	0
201	2	Normal female	Secondary survey-GU	0
201	2	No obvious injury	Secondary survey-Spine/Back	0
201	2	Laceration	Secondary survey-Spine/Back	0
201	2	Abrasion	Secondary survey-Spine/Back	0
201	2	Contusion	Secondary survey-Spine/Back	0
201	2	Fractures	Secondary survey-Spine/Back	0
201	2	Pain	Secondary survey-Spine/Back	0
201	2	Not observed	Secondary survey-Spine/Back	0
201	2	Comments	Secondary survey-Spine/Back	0
201	2	MAE	Secondary survey-Extremities	0
201	2	No obvioue injury	Secondary survey-Extremities	0
201	2	Sensation intact	Secondary survey-Extremities	0
201	2	Radial pulse	Secondary survey-Extremities	0
201	2	Brachial pulse	Secondary survey-Extremities	0
201	2	Pedal	Secondary survey-Extremities	0
201	2	Circulation intact	Secondary survey-Extremities	0
201	2	Cool	Secondary survey-Skin	0
201	2	Warm	Secondary survey-Skin	0
201	2	Dry	Secondary survey-Skin	0
201	2	Diaphoretic	Secondary survey-Skin	0

201	2	Pink	Secondary survey- Skin	0		
201	2	Pale	Secondary survey- Skin	0		
201	2	Cyanotic	Secondary survey- Skin	0		
201	2	Jaundice	Secondary survey- Skin	0		
201	2	Comments	Secondary survey- Skin	0		
201	2	Medication	Medication- IV drips- Blood product	1	1.12	2H-2305
201	2	Conc./Dose/Rate	Medication- IV drips- Blood product	1	1.12	2H-2305
201	2	Route	Medication- IV drips- Blood product	1	1.12	2H-2305
201	2	Site	Medication- IV drips- Blood product	1	1.12	2N-4200
201	2	Initials	Medication- IV drips- Blood product	0		
201	2	Total intake	Medication- IV drips- Blood product	0		
201	2	Total	Output	0		
201	2	Total output	Output	0		
201	2	BP	Vital sign	0		
201	2	P	Vital sign	0		
201	2	RR	Vital sign	0		
201	2	RT pupil size 3		0		
201	2	RT pupil reaction		0		
201	2	LT pupil size 3		0		
201	2	LT pupil reaction		0		
201	2	Cap refill		0		
201	2	SaO2		0		
201	2	ETCO2		0		
201	2	FIO2		0		
201	2	GCS		0		

201	2	ARCH requested for interhospital transport	Flight crew interventions and events	0		
201	2	this 79 yo	Flight crew interventions and events	0		
201	2	WM	Flight crew interventions and events	1	1.27	
201	2	who present to ER @ 1230 today	Flight crew interventions and events	0		
201	2	thudding chest pain	Flight crew interventions and events	0		
201	2	"and" HR of 34	Flight crew interventions and events	0		
201	2	pt stable	Flight crew interventions and events	0		
201	2	his pulse has been low for several weeks	Flight crew interventions and events	0		
201	2	Upon arrival, pt placed on cardiac monitor	Flight crew interventions and events	0		
201	2	O2 was given	Flight crew interventions and events	0		
201	2	PIV started X 2	Flight crew interventions and events	0		
201	2	"and" atropine given IVP	Flight crew interventions and events	0		
201	2	pt HR "increase" to 40's	Flight crew interventions and events	0		
201	2	"and" CP resolved	Flight crew interventions and events	0		

201	2	"illeg"	Flight crew interventions and events	0		
201	2	Upon our arrival, pt in ER	Flight crew interventions and events	0		
201	2	RN, MD, "and" family @ bedside	Flight crew interventions and events	0		
201	2	Hx and report obtained	Flight crew interventions and events	1	1.12	6b-7960
201	2	VS "and" assessment done as documents	Flight crew interventions and events	0		
201	2	Pt denies any discomfort at this time	Flight crew interventions and events	0		
201	2	LP-10 applied	Flight crew interventions and events	1	1.12	2N-4090/ 2N-4044
201	2	"and" O2 continue	Flight crew interventions and events	1	1.121	2K-3320
201	2	Pt transferred to a/c stretcher	Flight crew interventions and events	1	1.12	1C-0960
201	2	"and" secured	Flight crew interventions and events	1	1.12	4V-6486
201	2	enrout	Flight crew interventions and events	1	1.12	1C-0960
201	2	Cardiac monitor	Flight crew interventions and events	1	1.121	2N-4090/ 2N-4044
201	2	NIBP	Flight crew interventions and events	1	1.121	4V-6680
201	2	SaO2 continue	Flight crew interventions and events	1	1.121	2K-3320

201	2	Pt rest comfortable "with" no discomfort	Flight crew interventions and events	0			
201	2	Report "and" "illeg" radio to MD	Flight crew interventions and events	2			
201	2	Upon arrival, pt taken to cardiac cath lab	Flight crew interventions and events	0			
201	2	"and" report given to RN	Flight crew interventions and events	1	1.12		6b-7960
201	2	No "change" in pt assessment during transport	Flight crew interventions and events	1	1.13		
201	2	Destination determination		0			
201	2	Pilot 1		0			
201	2	Pilot 2		0			
201	2	Crew 1		0			
201	2	Crew 2		0			
201	2	Comm spec		0			
201	2	Person received pt		0			
201	2	Unit		1	1.35		
201	2	Shoes	Valuables	0			
201	2	"illeg"	Valuables	0			
201	2	Black framed sun glasses	Valuables	0			
201	2	PPE utilized		0			
202	1	liftoff	elapsed times	0			
202	1	launch	elapsed times	0			
202	1	fly to pt	elapsed times	0			
202	1	fly with pt	elapsed times	0			
202	1	other flt	elapsed times	0			
202	1	tot flt time	elapsed times	0			
202	1	on scene	elapsed times	0			
202	1	bedside	elapsed times	0			
202	1	total crew	elapsed times	0			
202	1	in service	elapsed times	0			
202	1	completed	elapsed times	0			
202	1	ar bedside	elapsed times	0			
202	1	dp bedside	elapsed times	0			

202	1	NKDA	allergies	0		
202	1	none transported	belongings	0		
202	1	pt weight		0		
202	1	Flt #		1	1.31	
202	1	Flt date		1	1.33	
202	1	type		0		
202	1	dispo		0		
202	1	ref agency		0		
202	1	ref unit		0		
202	1	ref md		0		
202	1	loc state		0		
202	1	rec agency		1	1.35	
202	1	rec unit		1	1.35	
202	1	rec md		0		
202	1	cardiac	category	0		
202	1	acute MI	impression	0		
202	1	ground transport too long	reason	0		
202	1	crew 1		0		
202	1	crew 2		0		
202	1	pilot 1		0		
202	1	dispatcher		0		
202	1	aircraft		0		
202	1	AC type		0		
202	1	name		0		
202	1	addr		1	1.29	
202	1	maiden		0		
202	1	ss		1	1.25	
202	1	DOB		1	1.26	
202	1	age		0		
202	1	sex		1	1.27	
202	1	race		1	1.28	
202	1	next of kin		0		
202	1	contact		0		
202	1	priv md		0		
202	1	req date		0		
202	1	mileage		0		
202	1	total miles		0		
202	1	call rcvd		0		
202	1	notify plt		0		
202	1	wx confirm		0		
202	1	launch		0		

202	1	liftoff		0
202	1	arrive 1		0
202	1	depart 1		0
202	1	arrive 2		0
202	1	dispatch	elapsed times	0
202	1	Wx check	elapsed times	0
202	1	Chest Pressure, R/O MI	CC	0
202	1	pt presented to ED with c/o chest tightness for 2hrs	S	0
202	1	no radiation	S	0
202	1	no n/v, diaphoresis or SOB	S	0
202	1	after cardiac cath found 100% occlusion LAD	S	0
202	1	stable and free of pain	S	0
202	1	heparin gtt at 1000u/hr	S	0
202	1	tridil at 1.5mch/kg/min	S	0
202	1	O2 at 2l nc	S	0
202	1	past med hx of HTN	S	0
202	1	alert et oriented	O	0
202	1	no acute distress	O	0
202	1	resp unlabored	O	0
202	1	skin warm & dry	O	0
202	1	cap refill < 2sec	O	0
202	1	normocephalic	O	0
202	1	pupils equal and reactive to light	O	0
202	1	ears and nose are normal	O	0
202	1	oral cavity is moist	O	0
202	1	trachea midline	O	0
202	1	no JVD	O	0
202	1	lungs clear to auscultation bilat	O	0
202	1	heart sounds S1 S2	O	0
202	1	no rubs or murmurs	O	0
202	1	abd soft and flat	O	0
202	1	bowel sounds present	O	0
202	1	pelvis is stable	O	0

202	1	foley cath intact and draining cl yellow	O	0			
202	1	arterial sheath site free of hematoma or bleeding	O	0			
202	1	moves all extremities well	O	0			
202	1	pulses present	O	0			
202	1	100% occluded LAD	A	0			
202	1	rapid transport to *** cath lab	P	1	1.12		1C-0960
202	1	IV meds continued at current rates	P	1		1.121	2H-2305
202	1	pulse oximetry at 96%	P	0			
202	1	pt tolerated flight well	P	1	1.13		
202	1	no changes noted in flight	P	1	1.13		
202	1	report given to RN in cath lab	P	1	1.12		6b-7960
202	1	other	skin color	0			
202	1	cold	skin temp	0			
202	1	dry	skin moist	0			
202	1	WNL	L eye	0			
202	1	WNL	R eye	0			
202	1	10 GCS	GCS Score	0			
202	1	E 4	GCS Score	0			
202	1	V	GCS Score	0			
202	1	M 6	GCS Score	0			
202	1	site- Lt arm	fluid therapy	1		1.121	2N-4200
202	1	site- Rt arm	fluid therapy	1		1.121	2N-4200
202	1	fluid- D5W	fluid therapy	1		1.121	2N-4200
202	1	rate	fluid therapy	1		1.121	2N-4200
202	1	Ga	fluid therapy	1		1.121	2N-4200
202	1	other (specify in Meds)	fluid therapy	1		1.121	2H-2305
202	1	EKG monitor	procedures and supplies	1	1.12		2N-4090/ 2N-4044
202	1	rhythm strip		0			
203	2	Patient name		0			
203	2	Age		0			
203	2	DOB		1	1.26		
203	2	Sex		1	1.27		

203	2	Weight		0		
203	2	Date		1	1.33	
203	2	Address		1	1.29	
203	2	City		1	1.29	
203	2	State		1	1.29	
203	2	Zip		1	1.29	
203	2	Phone #		0		
203	2	S.S.#		1	1.25	
203	2	Insurance		1	1.36	
203	2	Policy/group #		1	1.36	
203	2	Responsible party		0		
203	2	Relationship		0		
203	2	Disposition of valuables Given to family		0		
203	2	Location		0		
203	2	Destination		0		
203	2	Referring facility		0		
203	2	Address		0		
203	2	City		0		
203	2	State		0		
203	2	Zip		0		
203	2	Phone#		0		
203	2	Referring MD		0		
203	2	Patient MD		0		
203	2	Monitor MD		0		
203	2	Flight #		1	1.31	
203	2	Standby		0		
203	2	Ordered		0		
203	2	Enrout		0		
203	2	Landing		0		
203	2	Take off		0		
203	2	Arrive hospital		0		
203	2	Pilot		0		
203	2	Paramedic		0		
203	2	Nurse		0		
203	2	Other		0		
203	2	Aircraft #		0		
203	2	NKA	Past Hx /allergies/meds	0		
203	2	"no" meds	Past Hx /allergies/meds	0		

203	2	"no" PMH	Past Hx /allergies/meds	0
203	2	Chest pain	Chief complain	0
203	2	5/3/95 AM developed server crushing chest pain	Hx of present illness/injury	0
203	2	"to" local ER	Hx of present illness/injury	0
203	2	NTG X6	Hx of present illness/injury	0
203	2	"and" MSO4	Hx of present illness/injury	0
203	2	"without" change in pain	Hx of present illness/injury	0
203	2	EKG "show" acute MI	Hx of present illness/injury	0
203	2	Strepto given	Hx of present illness/injury	0
203	2	as well as Tridil	Hx of present illness/injury	0
203	2	Heparin	Hx of present illness/injury	0
203	2	Lido	Hx of present illness/injury	0
203	2	Pain resolved	Hx of present illness/injury	0
203	2	VS "and" rhythm stable	Hx of present illness/injury	0
203	2	Pain reoccurred	Hx of present illness/injury	0
203	2	EKG "show" acute ST elevation I, AVL	Hx of present illness/injury	0
203	2	CK 55.0 "to" 316	Pre-flight lab/ X-rays/ meds/ Tx	0
203	2	ADH 497 "to" 534	Pre-flight lab/ X-rays/ meds/ Tx	0
203	2	In local CCU, pt rests quietly in bed	Physical exam	0
203	2	Speaks very softly, few words, but appropriate	Physical exam	0
203	2	Oriented	Physical exam	0

203	2	State pain essentially relieved "with" earlier MSO4 and Tridil	Physical exam	0			
203	2	Skin very pale, warm, dry	Physical exam	0			
203	2	Lung clear anteriorly "and" laterally	Physical exam	0			
203	2	Respires regular, sl. shallow	Physical exam	0			
203	2	"no" SOB	Physical exam	0			
203	2	O2 on 6L/NC	Physical exam	0			
203	2	Heart tones S1S2	Physical exam	0			
203	2	Monitor shows NSR "without" ectopy	Physical exam	0			
203	2	Peripheral pulses palp X4	Physical exam	0			
203	2	Abdomen sl. rounded, soft,	Physical exam	0			
203	2	"positive" BS	Physical exam	0			
203	2	"no" N/V	Physical exam	0			
203	2	IV infusions as listed	Physical exam	0			
203	2	En route	Inflight patient status	0			
203	2	Pt rests quietly in Semi Fowler's position	Inflight patient status	0			
203	2	Denies pain or SOB	Inflight patient status	0			
203	2	O2 keep @ 6L/NP	Inflight patient status	1		1.121	2K-3320
203	2	"with" Sats 98%	Inflight patient status	0			
203	2	NSR "without" ectopy on monitor	Inflight patient status	0			
203	2	To CCU	Inflight patient status	1	1.35		
203	2	"without" changes	Inflight patient status	1	1.13		
203	2	BP	Inflight patient status	0			
203	2	Pulse	Inflight patient status	0			

203	2	Resp.	Inflight patient status	0		
203	2	SaO2	Inflight patient status	0		
203	2	ETCO2	Inflight patient status	0		
203	2	O2	Inflight patient status	0		
203	2	Chest pain "No"	Inflight patient status	1	1.13	
203	2	Other	Inflight patient status	0		
203	2	Site	IV fluids/ IV drip medications	1	1.12	2N-4200
203	2	Size	IV fluids/ IV drip medications	1	1.12	2N-4200
203	2	IV solution/drug-500cc D5W "with" 2Grams Lido	IV fluids/ IV drip medications	1	1.12	2N-4150
203	2	IV solution/drug-250cc D5W "with" 25mg Tridil	IV fluids/ IV drip medications	1	1.12	2N-4150/ *2N-4044
203	2	IV solution/drug-500cc D5W "with" 25,000u Heparin	IV fluids/ IV drip medications	1	1.12	2N-4060
203	2	Rate	IV fluids/ IV drip medications	1	1.12	2N-4200
203	2	Actual dose	IV fluids/ IV drip medications	1	1.12	2H-2305
203	2	Vol infused preflight	IV fluids/ IV drip medications	0		
203	2	Vol infused enroute	IV fluids/ IV drip medications	0		
203	2	Total fluids preflight (trauma only)	IV fluids/ IV drip medications	0		
203	2	Total fluids enroute	IV fluids/ IV drip medications	0		
203	2	Medication "no" enroute	Medications	1	1.12	2H-2305
203	2	Dose	Medications	1	1.12	2H-2305
203	2	Route	Medications	1	1.12	2H-2305
203	2	Given by	Medications	0		

203	2 Effect	Medications	1	1.12	2H-2305
203	2 Time	Output	0		
203	2 Urine total	Output	0		
203	2 NG total	Output	0		
203	2 Emesis total	Output	0		
203	2 Other total	Output	0		
203	2 Total output	Output	0		
203	2 Obey commands	Glascow Coma Scale- Motor response	0		
203	2 Purposeful Mvmt	Glascow Coma Scale- Motor response	0		
203	2 Withdraw (pain)	Glascow Coma Scale- Motor response	0		
203	2 Extension (pain)	Glascow Coma Scale- Motor response	0		
203	2 None	Glascow Coma Scale- Motor response	0		
203	2 Oriented	Glascow Coma Scale- Verbal response	0		
203	2 Confused	Glascow Coma Scale- Verbal response	0		
203	2 Inapp. words	Glascow Coma Scale- Verbal response	0		
203	2 Incomprehens	Glascow Coma Scale- Verbal response	0		
203	2 None	Glascow Coma Scale- Verbal response	0		
203	2 Spont.	Glascow Coma Scale- Eye opening	0		
203	2 To voice	Glascow Coma Scale- Eye opening	0		

203	2	To pain	Glascow Coma Scale- Eye opening	0	
203	2	None	Glascow Coma Scale- Eye opening	0	
203	2	Total GCS	Glascow Coma Scale	0	
203	2	Receiving RN/MD		0	
203	2	Signature/Title		0	
205	3	Name first		0	
205	3	Name middle		0	
205	3	Name last		0	
205	3	Address		1	1.29
205	3	Street		1	1.29
205	3	City		1	1.29
205	3	State		1	1.29
205	3	Zip		1	1.29
205	3	County		1	1.29
205	3	Telephone		0	
205	3	Birthday		1	1.26
205	3	Responsible relative or friend		0	
205	3	Telephone		0	
205	3	Disposition of patient valuables None known		0	
205	3	Transport number		1	1.31
205	3	Date		1	1.33
205	3	Vehicle number		0	
205	3	Ground		0	
205	3	Fixed wing		0	
205	3	Rotor wing		0	
205	3	Transferred from ***		0	
205	3	Name of referring provider		0	
205	3	Hospital unit		0	
205	3	None know	Medication	0	
205	3	Cardizem	Medication	0	
205	3	Vasotec	Medication	0	
205	3	ASA	Medication	0	
205	3	Lanoxin IM	Medication	0	
205	3	Drug allergies None known		0	

205	3	Mitral regurg	Past medical history	0			
205	3	COPD	Past medical history	0			
205	3	CHF	Past medical history	0			
205	3	HTN	Past medical history	0			
205	3	CABG	Past medical history	0			
205	3	Approx. Ht		0			
205	3	Approx. Wt		0			
205	3	Chest pain	Presenting complaint	0			
205	3	CHB	Presenting complaint	0			
205	3	? MI	Presenting complaint	0			
205	3	80 y/o W "male"	History and previous treatment	1	1.27		
205	3	with previous cardiac problems	History and previous treatment	0			
205	3	developed substernal chest pain while eating today	History and previous treatment	0			
205	3	Took 3 SL Nitros on way to local ER	History and previous treatment	0			
205	3	there stated pain "5" in 1-10 scale	History and previous treatment	0			
205	3	O2 placed	History and previous treatment	0			
205	3	MS to total of 10 mg IV given	History and previous treatment	0			
205	3	pts HR "with" some ectopy	History and previous treatment	0			
205	3	to 100mg Lidocain given	History and previous treatment	0			
205	3	pt now in 3 "degree" HB	History and previous treatment	0			
205	3	"with" labile BP	History and previous treatment	0			
205	3	Nitro IV state 3cc/hr 5mcgs	History and previous treatment	1		1.121	2N-4150/ *2N-4044
205	3	Heparin 10000u bolus "and" 1000u gtt started	History and previous treatment	1		1.121	2N-4060

205	3	Glasgow Coma Scale	Initial assessment	0
205	3	Trauma score	Initial assessment	0
205	3	Clear lung fields	Initial assessment-Respiratory	0
205	3	"with" bil breath sound	Initial assessment-Respiratory	0
205	3	O2 per cannula 2 liter	Initial assessment-Respiratory	0
205	3	Monitor showing CHB	Initial assessment-Cardiovascular	0
205	3	"with" BP 110/120 systolic	Initial assessment-Cardiovascular	0
205	3	good palpable pulses	Initial assessment-Cardiovascular	0
205	3	eyes closed	Initial assessment-Neuro	0
205	3	sleeping from MS	Initial assessment-Neuro	0
205	3	easily arousable	Initial assessment-Neuro	0
205	3	move all extremities	Initial assessment-Neuro	0
205	3	PEARL	Initial assessment-Head/neck	0
205	3	no diaphoresis at this time	Initial assessment-Head/neck	0
205	3	States chest pain non radiating	Initial assessment-Thorax	0
205	3	State at level "5"	Initial assessment-Thorax	0
205	3	soft to palpation	Initial assessment-Abdomen	0
205	3	state was nauseated	Initial assessment-Abdomen	0
205	3	"and" vomiting	Initial assessment-Abdomen	0
205	3	Nausea better now	Initial assessment-Abdomen	0
205	3	bil 18g IV's patent running well	Initial assessment-Extremities	0
205	3	moves all ext. equally	Initial assessment-Extremities	0

205	3	Thin	Initial assessment-Skin	0		
205	3	pink	Initial assessment-Skin	0		
205	3	warm	Initial assessment-Skin	0		
205	3	"no" cyanosis	Initial assessment-Skin	0		
205	3	"and" edema	Initial assessment-Skin	0		
205	3	Medication "no" enroute		1	1.12	2H-2305
205	3	Dose		1	1.12	2H-2305
205	3	Route		1	1.12	2H-2305
205	3	Signature		0		
205	3	Product/volume Nitro 50mg/500		1	1.121	2N-4150/ *2N-4044
205	3	Product/volume Heparin 20000/500		1	1.121	2N-4060
205	3	Product/volume LR 1000		1	1.121	2N-4200
205	3	Rate		1	1.121	2N-4200
205	3	Time completed		0		
205	3	Amount given		0		
205	3	Cumulative amount		0		
205	3	Output Time/cc		0		
205	3	Urine output		0		
205	3	Urine total		0		
205	3	pt assessed	Treatment enroute	0		
205	3	report received	Treatment enroute	1	1.12	6b-7960
205	3	O2 cont via cannula	Treatment enroute	1	1.121	2K-3320
205	3	Monitor placed	Treatment enroute	1	1.12	2N-4044/ 2N-4090
205	3	"and" gtts to our pumps	Treatment enroute	1	1.12	2N-4200
205	3	IVs patent	Treatment enroute	0		
205	3	enroute pt on stretcher	Treatment enroute	1	1.12	1C-0960
205	3	straps headset in place	Treatment enroute	0		

205	3	Monitor continue to show high grade block- mostly 3 "degree" but at times 2 "degree"	Treatment enroute	0			
205	3	external pacer standby but not used during trip	Treatment enroute	0			
205	3	Nitro remains on @ 5mcg/min	Treatment enroute	1		1.121	2N-4150/ *2N-4044
205	3	Heparin @ 1000u/hr	Treatment enroute	1		1.121	2N-4060
205	3	pt states pain improving	Treatment enroute	1	1.13		
205	3	"and" is now @ a "3" on 1-10scale	Treatment enroute	1	1.13		
205	3	report call to	Treatment enroute	1	1.12		6b-7960
205	3	O2 increased to 6 liter enroute	Treatment enroute	1	1.12		2K-3320
205	3	Call		0			
205	3	Alert		0			
205	3	Departure		0			
205	3	Arrival		0			
205	3	Departure		0			
205	3	Arrival		0			
205	3	Departure		0			
205	3	Arrival		0			
205	3	Pain @ "2" level now	Status on arrival	1	1.13		
205	3	Vital as recorded	Status on arrival	0			
205	3	HR remains slow "without" int. increased rate	Status on arrival	1	1.13		
205	3	Receiving Hosp.		1	1.35		
205	3	Receiving Unit		1	1.35		
205	3	Receiving MD		0			
205	3	Med team		0			
205	3	Med team		0			
205	3	Hearing protection		0			
205	3	Patient secured		0			
205	3	Actual altitude		0			
205	3	Cabin altitude		0			
205	3	Vital sign graph		0			
205	3	SaO2		0			

205	3 Resp		0	
211	4 Date		1	1.33
211	4 Call Time		0	
211	4 Report #		0	
211	4 *** acct #		0	
211	4 scene/facility		0	
211	4 destination		0	
211	4 name		0	
211	4 address		1	1.29
211	4 city		1	1.29
211	4 state		1	1.29
211	4 ssn#		1	1.25
211	4 telephone		0	
211	4 DOB		1	1.26
211	4 Age		0	
211	4 Sex		1	1.27
211	4 Wt #		0	
211	4 insurance/Medicare #		1	1.36
211	4 Pilot		0	
211	4 Crew		0	
211	4 Req Agency		0	
211	4 ER MD		0	
211	4 Trans MD		0	
211	4 Accept MD		0	
211	4 unstable angina	diagnosis	0	
211	4 category		0	
211	4 cardiac	type	0	
211	4 intubation		0	
211	4 HR		0	
211	4 B/P		0	
211	4 Resp		0	
211	4 Pupils: PERL		0	
211	4 GCS		0	
211	4 Skin: WNL		0	
211	4 Breath Sounds: Moist		0	
211	4 O2 Sat		0	
211	4 Meds/IV		0	
211	4 lift off		0	
211	4 arrival		0	
211	4 lift off		0	
211	4 arrival		0	
211	4 lift off		0	

211	4	arrival		0		
211	4	time to scene		0		
211	4	time on scene		0		
211	4	time to facility		0		
211	4	time home		0		
211	4	flight time		0		
211	4	lag time to liftoff		0		
211	4	Dispatched for air transport	Hx	0		
211	4	of 49 yo	Hx	0		
211	4	female	Hx	1	1.27	
211	4	from *** to ***	Hx	0		
211	4	for further cardiac evaluation	Hx	0		
211	4	this am pt had unprovoked onset throat tightness	Hx	0		
211	4	moving into anterior chest	Hx	0		
211	4	8 on 1 to 10 scale	Hx	0		
211	4	transported to ER via amb	Hx	0		
211	4	with NTG sl x 4	Hx	0		
211	4	and O2 enroute	Hx	0		
211	4	without pain relief	Hx	0		
211	4	12 lead ECG revealed inverted T waves throughout most leads	Hx	0		
211	4	pt without significant relief of pain with 6mg MS IVP in ER	Hx	0		
211	4	pt to be flown for direct admission to cath lab at ***	Hx	0		
211	4	pt with prior hx diagnostic cath 3 yrs ago	Hx	0		
211	4	smoker	Hx	0		
211	4	meds include tenormin, cardizem,	Hx	0		
211	4	for recent abd pain to r/o ulcers	Hx	0		

211	4	pt sitting up in bed	Ax	0			
211	4	A&Ox3	Ax	0			
211	4	MAEW	Ax	0			
211	4	states chest pain still present	Ax	0			
211	4	and seems to come and go in severity	Ax	0			
211	4	lung auscultation reveals slight crackles both bases	Ax	0			
211	4	O2 4 l/m via n/c	Ax	1		1.121	2K-3320
211	4	with sat in high 90's	Ax	1		1.121	2K-3320
211	4	1000cc NS at 250cc/hr	Ax	1		1.121	2N-4200
211	4	thru 18g L wrist	Ax	1		1.121	2N-4200
211	4	Heparin 800u/hr	Ax	1		1.121	2N-4060
211	4	and NTG 5ug/min	Ax	1		1.121	2N-4150/ *2N-4044
211	4	thru cath (unk gauge) R FA	Ax	1		1.121	2N-4200
211	4	pt BP apparently sensitive to any increase in NTG	Ax	0			
211	4	pt reveals inverted T waves in lead II and III	Ax	0			
211	4	pt placed on minimed pumps	Rx/Tx	1	1.12		2N-4200
211	4	monitored via Propaq	Rx/Tx	1	1.12		2N-4200
211	4	given 2mg MS IVP prior to transport	Rx/Tx	1	1.12		2H-2210/ *2N-4044
211	4	pt loaded	Rx/Tx	1	1.12		1C-0960
211	4	and secured in AC-1	Rx/Tx	1	1.12		4V-6486
211	4	enroute	Rx/Tx	1	1.12		1C-0960
211	4	pt sleeping	Rx/Tx	1	1.13		
211	4	and states pain is less than it was	Rx/Tx	1	1.13		
211	4	arrived *** without incident	Rx/Tx	1	1.35		

211	4	care remitted to Dr. *** in cath lab	Rx/Tx	0	
211	4	total 8mg MS given since admission to ER this am	Rx/Tx	0	
211	4	signature		0	
211	4	unstable angina, cath lab	admission Dx and Disp	0	
212	3	Date/day of week		1	1.33
212	3	Flight No		1	1.31
212	3	Patient No		1	1.31
212	3	Insurance		1	1.36
212	3	Helicopter		0	
212	3	Ambulance		0	
212	3	Birthday		1	1.26
212	3	Age		0	
212	3	R/S W/M		1	1.27
212	3	Wt		0	
212	3	Patient name		0	
212	3	Address		1	1.29
212	3	City		1	1.29
212	3	State		1	1.29
212	3	Zip		1	1.29
212	3	Transferring facility		0	
212	3	Unit		0	
212	3	Referring by		0	
212	3	Receiving facility		0	
212	3	Unit		0	
212	3	Positive acceptance		0	
212	3	Flight personnel		0	
212	3	Allergies NKDA		0	
212	3	Chief complaint Acute Ant. MI		0	
212	3	Route meds None		0	
212	3	Disposition of valuable None		0	
212	3	Smoker 1ppd	Past medical history	0	
212	3	Stress test 2wk ago	Past medical history	0	
212	3	Call Rec'd/St-by		0	
212	3	Activated		0	
212	3	Lift off		0	
212	3	Arr		0	

212	3	Dep		0		
212	3	Arr		0		
212	3	Dep		0		
212	3	Arr		0		
212	3	Dep		0		
212	3	Arr		0		
212	3	Airway oral/nasal	Procedures - PTA	0		
212	3	Intubation oral/nasal	Procedures - PTA	0		
212	3	Assisted ventilation	Procedures - PTA	0		
212	3	Bag/mask Bag/tube	Procedures - PTA	0		
212	3	O2 L 5 N/C Mask	Procedures - PTA	0		
212	3	Ventilator	Procedures - PTA	0		
212	3	Chest tube/needle thorac	Procedures - PTA	0		
212	3	Crico/Jet vent	Procedures - PTA	0		
212	3	App of mast	Procedures - PTA	0		
212	3	App of mast Inf	Procedures - PTA	0		
212	3	App of mast RL	Procedures - PTA	0		
212	3	App of mast LL	Procedures - PTA	0		
212	3	App of mast A	Procedures - PTA	0		
212	3	Extrication/ splints	Procedures - PTA	0		
212	3	Spinal immobilization	Procedures - PTA	0		
212	3	Restraints	Procedures - PTA	0		
212	3	Restraints 2	Procedures - PTA	0		
212	3	Restraints 4	Procedures - PTA	0		
212	3	Pericardiocentesis	Procedures - PTA	0		
212	3	External pacemaker	Procedures - PTA	0		
212	3	Defib/ Cardiovert	Procedures - PTA	0		
212	3	CPR	Procedures - PTA	0		
212	3	Foley	Procedures - PTA	0		
212	3	NG	Procedures - PTA	0		
212	3	Safety straps	Procedures - PTA	0		
212	3	EKG documented	Procedures - PTA	0		
212	3	Charts & films	Procedures - PTA	0		
212	3	Airway oral/nasal	Procedures - FLT	1	1.12	2K-3120
212	3	Intubation oral/nasal	Procedures - FLT	1	1.12	2K-3120
212	3	Assisted ventilation	Procedures - FLT	1	1.12	2K-3300
212	3	Bag/mask Bag/tube	Procedures - FLT	1	1.12	4U-6320
212	3	O2 L 5 N/C Mask	Procedures - FLT	1	1.121	2K-3320
212	3	Ventilator	Procedures - FLT	1	1.12	2K-3300
212	3	Chest tube/needle thorac	Procedures - FLT	1	1.12	*2K-1872

212	3	Crico/Jet vent	Procedures - FLT	1	1.12	*2K-3120
212	3	App of mast	Procedures - FLT	1	1.12	2N-4258/ 4U-6200
212	3	App of mast Inf	Procedures - FLT	1	1.12	2N-4258/ 4U-6200
212	3	App of mast RL	Procedures - FLT	1	1.12	2N-4258/ 4U-6200
212	3	App of mast LL	Procedures - FLT	1	1.12	2N-4258/ 4U-6200
212	3	App of mast A	Procedures - FLT	1	1.12	2N-4258/ 4U-6200
212	3	Extrication/ splints	Procedures - FLT	1	1.12	1C-0910
212	3	Spinal immobilization	Procedures - FLT	1	1.12	4U-6200
212	3	Restraints	Procedures - FLT	1	1.12	4V-6486/ 4V-6580
212	3	Restraints 2	Procedures - FLT	1	1.12	4V-6486/ 4V-6580
212	3	Restraints 4	Procedures - FLT	1	1.12	4V-6486/ 4V-6580
212	3	Pericardiocentesis	Procedures - FLT	1	1.12	*7
212	3	External pacemaker	Procedures - FLT	1	1.12	2N-4150/ 2N-4090/ 2N-4040
212	3	Defib/ Cardiovert	Procedures - FLT	1	1.12	2N-4040/ 4U-6140
212	3	CPR	Procedures - FLT	1	1.12	4U-6140/ 4U-6200
212	3	Foley	Procedures - FLT	1	1.12	1B-0580/ 2N-4150
212	3	NG	Procedures - FLT	1	1.12	1D-1080
212	3	Safety straps	Procedures - FLT	1	1.12	4V-6486
212	3	EKG documented	Procedures - FLT	0		
212	3	Charts & films	Procedures - FLT	0		
212	3	Before transfer	Trauma score	0		
212	3	After transfer	Trauma score	0		
212	3	Before transfer	Glasgow Come Scale	0		
212	3	After transfer	Glasgow Come Scale	0		
212	3	Dopamine gtt "decrease" 6cc/hr	Medication in flight-Medication	1	1.12	2N-4150

212	3	Dopamine off	Medication in flight-Medication	1	1.12	2N-4150
212	3	Nitro gtt 50mg 1250 @ 20mcg 6cc/nhr	Medication in flight-Medication	1	1.12	2N-4150/ *2N-4044
212	3	Nitro spray SL "one" metered dose	Medication in flight-Medication	1	1.12	2N-4150/ *2N-4044
212	3	Dose	Medication in flight	1	1.12	2N-4150/ *2N-4044
212	3	Route	Medication in flight	1	1.12	2H-2305
212	3	BP 120/72	Medication in flight-Effect	1	1.12/ 1.13	2N-4150
212	3	BP 121/65, alert	Medication in flight-Effect	1	1.12/ 1.13	2N-4150
212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13	2N-4150/ *2N-4044
212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13	2N-4150/ *2N-4044
212	3	Site L wrist	Medication in flight	1	1.12	2N-4200
212	3	Site L AC	Medication in flight	1	1.12	2N-4200
212	3	Site R AC	Medication in flight	1	1.12	2N-4200
212	3	500 NS "with" IVPB PA @ 35cc/hr per MTP	Medication in flight-Solution/drug	1	1.12	*2N-4044
212	3	500 NS "with" IVPB dopamine 400mg/250 @ 12cc/hr MTP	Medication in flight-Solution/drug	1	1.12	2N-4150
212	3	500 NS "with" IVPB Lidocain 2g/ 500 @ 30cc/hr 2mg per MTP	Medication in flight-Solution/drug	1	1.12	2N-4150
212	3	Heparin 25,000u/ 500 D5W IVPB to Lido @ 1000u/hr 20cc per MTP	Medication in flight-Solution/drug	1	1.12	2N-4060
212	3	Rate	Medication in flight	1	1.12	2N-4200
212	3	Actual dose	Medication in flight	1	1.12	2H-2305
212	3	Body graph		0		

212	3	P	Vital sign	0		
212	3	R	Vital sign	0		
212	3	BP	Vital sign	0		
212	3	Pulse OX	Vital sign	0		
212	3	Temp	Vital sign	0		
212	3	in ED-see notes below	Update	0		
212	3	family here	Update	0		
212	3	dopamine off	Update	0		
212	3	alert	Update	0		
212	3	bilat arm discomf	Update	0		
212	3	resp OK	Update	0		
212	3	bilat arm pain 4/10 scale	Update	0		
212	3	NSR	Update	0		
212	3	rare PVC	Update	0		
212	3	resp OK	Update	0		
212	3	color sltly better	Update	0		
212	3	NRB mask placed	Update	1	1.121	2K-3320
212	3	arm pain 4-5/10 scale	Update	0		
212	3	landed stmc	Update	0		
212	3	alert	Update	0		
212	3	color improved	Update	0		
212	3	alert	Update	0		
212	3	Lt arm pain 5/10	Update	0		
212	3	NSR alternating "with" accelerated idioventricular	Update	0		
212	3	DA to CCU	Update	0		
212	3	Arrived to ED to find pt supine	Nurse's notes & procedure	0		
212	3	flat on stretcher	Nurse's notes & procedure	0		
212	3	Awake	Nurse's notes & procedure	0		
212	3	"and" alert	Nurse's notes & procedure	0		
212	3	"with" very noted very dusky	Nurse's notes & procedure	0		
212	3	mottled color throughout	Nurse's notes & procedure	0		

212	3	pt states he is having bilateral arm discomfort to elbows	Nurse's notes & procedure	0
212	3	"and" rate 4/10 scale now	Nurse's notes & procedure	0
212	3	PERRL @ 3mm	Nurse's notes & procedure	0
212	3	Dry, warm, mottled skin	Nurse's notes & procedure	0
212	3	2 "positive" radial pulse	Nurse's notes & procedure	0
212	3	unable to palpate pedals	Nurse's notes & procedure	0
212	3	2 "positive" femerals	Nurse's notes & procedure	0
212	3	Nailleds dusky	Nurse's notes & procedure	0
212	3	"with" refill 2-3 sec	Nurse's notes & procedure	0
212	3	"no" IVD	Nurse's notes & procedure	0
212	3	Midline trachea	Nurse's notes & procedure	0
212	3	Heart tone clear, quiet	Nurse's notes & procedure	0
212	3	Abd large, soft, non tender	Nurse's notes & procedure	0
212	3	Pt denies SOB	Nurse's notes & procedure	0
212	3	nausea now	Nurse's notes & procedure	0
212	3	MAE X4	Nurse's notes & procedure	0
212	3	"no" pedal edema	Nurse's notes & procedure	0
212	3	IV's as above	Nurse's notes & procedure	0
212	3	Monitor shows NSR	Nurse's notes & procedure	0
212	3	"with" rare PVC	Nurse's notes & procedure	0

212	3	occas runs of idioventricular rhythm	Nurse's notes & procedure	0			
212	3	Spontaneous, easy respiration @ 16-18/min"	Nurse's notes & procedure	0			
212	3	"with" O2 @ 5L per cannula	Nurse's notes & procedure	1		1.121	2K-3320
212	3	"with" POsats 94%	Nurse's notes & procedure	1		1.121	2K-3320
212	3	BS bilat equal, clear throughout	Nurse's notes & procedure	0			
212	3	Pt total lifted	Nurse's notes & procedure	0			
212	3	"and" secured to stretcher "with" straps	Nurse's notes & procedure	1	1.12		4V-6486
212	3	Pt admitted to *** ED	Nurse's notes & procedure	1	1.35		
212	3	0900hrs today "with" C/O severe chest pain	Nurse's notes & procedure	0			
212	3	bilateral arm pain onset	Nurse's notes & procedure	0			
212	3	0500 hrs today assoc. "with" nausea	Nurse's notes & procedure	0			
212	3	diaphoresis	Nurse's notes & procedure	0			
212	3	SOB	Nurse's notes & procedure	0			
212	3	"and" lightheadedness	Nurse's notes & procedure	0			
212	3	"and" "slumped" to floor when dizzy	Nurse's notes & procedure	0			
212	3	On ED arrival pt EKG suggestive of anterolateral MI	Nurse's notes & procedure	0			
212	3	"and" tPA initiated as well as dopamine for hypertension	Nurse's notes & procedure	0			
212	3	Pt had indigestion like symptoms	Nurse's notes & procedure	0			
212	3	"and" dizziness 2 wks ago	Nurse's notes & procedure	0			

212	3	"and" workup included normal stress test findings	Nurse's notes & procedure	0	
212	3	Referred to *** for further cardiology workup	Nurse's notes & procedure	1	1.35
212	3	Condition upon arrival		0	
212	3	Crew signature		0	
216	4	A number		0	
216	4	Ins Scrn		0	
216	4	Medicare	Ins Type	1	1.36
216	4	Flt #		1	1.31
216	4	Flt date		1	1.33
216	4	type		0	
216	4	dispo		0	
216	4	ref agency		0	
216	4	ref unit		0	
216	4	ref md		0	
216	4	loc state		0	
216	4	rec agency		1	1.35
216	4	rec unit		1	1.35
216	4	rec md		0	
216	4	cardiac	category	0	
216	4	acute MI	impression	0	
216	4	ground transport too long	reason	0	
216	4	crew 1		0	
216	4	crew 2		0	
216	4	pilot 1		0	
216	4	dispatcher		0	
216	4	aircraft		0	
216	4	AC type		0	
216	4	name		0	
216	4	addr		1	1.29
216	4	maiden		0	
216	4	ss		1	1.25
216	4	DOB		1	1.26
216	4	age		0	
216	4	sex		1	1.27
216	4	race		1	1.28
216	4	next of kin		0	
216	4	contact		0	

216	4	priv md		0			
216	4	req date		0			
216	4	mileage		0			
216	4	total miles		0			
216	4	call rcvd		0			
216	4	notify plt		0			
216	4	wx confirm		0			
216	4	launch		0			
216	4	liftoff		0			
216	4	arrive 1		0			
216	4	depart 1		0			
216	4	arrive 2		0			
216	4	dispatch	elapsed times	0			
216	4	Wx check	elapsed times	0			
216	4	liftoff	elapsed times	0			
216	4	launch	elapsed times	0			
216	4	fly to pt	elapsed times	0			
216	4	fly with pt	elapsed times	0			
216	4	other flt	elapsed times	0			
216	4	tot flt time	elapsed times	0			
216	4	on scene	elapsed times	0			
216	4	bedside	elapsed times	0			
216	4	total crew	elapsed times	0			
216	4	in service	elapsed times	0			
216	4	completed	elapsed times	0			
216	4	ar bedside	elapsed times	0			
216	4	dp bedside	elapsed times	0			
216	4	NKDA	allergies	0			
216	4	none transported	belongings	0			
216	4	pt weight		0			
216	4	CHF	CC	0			
216	4	AMI (inferior)	CC	0			
216	4	3 degree heart block	CC	0			
216	4	hypotension	CC	0			
216	4	this 83 year old	HPI	0			
216	4	male	HPI	1	1.27		
216	4	presented to *** 3 days ago	HPI	0			
216	4	complaining of "a funny feeling" in his chest	HPI	0			

216	4	he was diagnosed with an AMI	HPI	0		
216	4	and admitted to the ICU	HPI	0		
216	4	he did not receive thrombolytics	HPI	0		
216	4	due to heart block in the ED	HPI	0		
216	4	the morning his respiratory effort decreased	HPI	0		
216	4	eventually requiring endotracheal intubation	HPI	0		
216	4	which was being done by *** CRNA upon *** arrival bedside	HPI	0		
216	4	pt awake	PE	0		
216	4	oriented	PE	0		
216	4	following commands	PE	0		
216	4	MAE	PE	0		
216	4	bilat strong and equal hand grasp and pedal push	PE	0		
216	4	pupils bilat 3mm	PE	0		
216	4	and sluggish to react	PE	0		
216	4	CRNA unable to nasally intubate	PE	0		
216	4	7.0 ett orally placed	PE	1	1.121	2K-3120
216	4	secured at 23 cm	PE	1	1.121	2K-3120
216	4	billat breath sounds present	PE	0		
216	4	"has" chest expansion	PE	0		
216	4	ETCO2 35	PE	0		
216	4	bilat crackles	PE	0		
216	4	and coarse rhonchi auscultated	PE	0		
216	4	skin pale	PE	0		
216	4	cool	PE	0		
216	4	CM shows Mobitz type II intermittent	PE	0		
216	4	"with" SR	PE	0		

216	4	ST seg elevations noted	PE	0		
216	4	"has" periph pulses weakly palpable	PE	0		
216	4	S1 S2 loud, clear	PE	0		
216	4	"negative" JVD	PE	0		
216	4	abdomen soft	PE	0		
216	4	non-distended	PE	0		
216	4	"no" bowel sounds x4 quads	PE	0		
216	4	#18 g periph IV's in place	PE	1	1.121	2N-4200
216	4	infusing dopamine at 2.5 mcg/kg/min	PE	1	1.121	2N-4150
216	4	Nitro at 25 mcg/min	PE	1	1.121	2N-4150/ *2N-4044
216	4	heparin 600 units/hr	PE	1	1.121	2N-4060
216	4	foley in place	PE	0		
216	4	draining clear yellow urine	PE	0		
216	4	HTN	PMHx	0		
216	4	ASHD	PMHx	0		
216	4	CHF	PMHx	0		
216	4	Pneumonia	PMHx	0		
216	4	Empyema	PMHx	0		
216	4	upon arrival brief flight crew introduction to staff	Rx	0		
216	4	assessment completed	Rx	0		
216	4	ETT placed by *** CRNA	Rx	1	1.121	2K-3120
216	4	secured at 23 cm	Rx	1	1.121	2K-3120
216	4	ambu rate with 100% O2	Rx	1	1.121	4U-6320
216	4	rate 12-14	Rx	0		
216	4	placed on ECG	Rx	1	1.12	2N-4090/ 2N-4044
216	4	NIBP	Rx	1	1.12	4V-6680
216	4	SAO2	Rx	1	1.12	2K-3320
216	4	and ETCO2 monitors	Rx	1	1.12	2K-3180

216	4	placed on transport vent	Rx	1	1.12	2K-3300
216	4	patient tolerating machine ventilation	Rx	1	1.12	2K-3300
216	4	BP noted to be 74mm systolic	Rx	0		
216	4	IV NTG dose dropped to 16mcg/min	Rx	1	1.12	2N-4150/ *2N-4044
216	4	then discontinued	Rx	1	1.12	2N-4150/ *2N-4044
216	4	BP increase to 112 systolic	Rx	0		
216	4	placed on helo stretcher	Rx	1	1.12	1C-0960
216	4	safety belts secured x3	Rx	1	1.12	4V-6486
216	4	family in to visit	Rx	0		
216	4	emotional supports provided to patient and family	Rx	1	1.12	3R-5270
216	4	moved to helo	Rx	1	1.12	1C-0960
216	4	stretcher secured on board in usual manner	Rx	1	1.12	4V-6486
216	4	hearing protection applied to patient	Rx	1	1.12	4V-6480/ 4V-6482
216	4	assessment and vitals monitored continuously in flight	Rx	0		
216	4	no changes enroute	Rx	1	1.13	
216	4	brief radio report relayed to CCU	Rx	1	1.12	6b-7960
216	4	arrival ***	Rx	0		
216	4	cold offload	Rx	1	1.12	1C-0960
216	4	direct to CCU	Rx	1	1.35	
216	4	report given beside to awaiting CCU team	Rx	1	1.12	6b-7960
216	4	patient was secured to the gurney	Rx	1	1.12	4V-6486
216	4	with two seat belts	Rx	1	1.12	4V-6486
216	4	please see *** pt record	Labs	0		

216	4	capoten	routine meds	0		
216	4	lasix	routine meds	0		
216	4	k-dur	routine meds	0		
216	4	tylenol	meds at ***	0		
216	4	mom	meds at ***	0		
216	4	atropine	meds at ***	0		
216	4	nitroglycerin	meds at ***	0		
216	4	lidocaine	meds at ***	0		
216	4	mso4	meds at ***	0		
216	4	dopamine	meds at ***	0		
216	4	heparin	meds at ***	0		
216	4	see *** pt record for doses and times	meds at ***	0		
216	4	maintained dopamine IV infusion at 2.5 mch/kg/min	*** meds	1	1.12	2N-4150
216	4	maintained heparin IV infusion at 600	*** meds	1	1.12	2N-4060
216	4	discontinued nitroglycerin infusion	*** meds	1	1.12	2N-4150/ *2N-4044
216	4	BP		0		
216	4	P		0		
216	4	R		0		
216	4	O2		1	1.12	2K-3320
216	4	ECO2		1	1.12	2K-3180
216	4	Method- room air	airway management	0		
216	4	Method- bag-valve ET tube	airway management	1	1.12	4U-6320
216	4	Method- ventilator	airway management	1	1.12	2K-3300
216	4	rate	ventilator settings	1	1.12	2K-3300
216	4	TV	ventilator settings	1	1.12	2K-3300
216	4	FIO2	ventilator settings	1	1.12	2K-3300
216	4	PEEP	ventilator settings	1	1.12	2K-3300
216	4	PIP	ventilator settings	1	1.12	2K-3300
216	4	second-degree Blk (mob	EKG	0		
216	4	other	skin color	0		
216	4	cold	skin temp	0		
216	4	dry	skin moist	0		
216	4	L eye		0		
216	4	R eye		0		

216	4	GCS	GCS Score	0		
216	4	E	GCS Score	0		
216	4	V	GCS Score	0		
216	4	M	GCS Score	0		
216	4	site- R arm	fluid therapy	1	1.12	2N-4200
216	4	site- L arm	fluid therapy	1	1.12	2N-4200
216	4	fluid	fluid therapy	1	1.12	2N-4200
216	4	rate	fluid therapy	1	1.12	2N-4200
216	4	Ga	fluid therapy	1	1.12	2N-4200
216	4	who	fluid therapy	0		
216	4	other (specify in Meds)	fluid therapy	0		
216	4	Intake Pre	Intake	0		
216	4	Intake Inf	Intake	0		
216	4	Output Pre	Output	0		
216	4	Output Inf	Output	0		
216	4	disposable blanket	Procedures and supplies	0		
216	4	EKG monitor	Procedures and supplies	1	1.12	2N-4090/ 2N-4044
216	4	End-Tidal CO2 detector	Procedures and supplies	1	1.12	2K-3180
216	4	Et Tube holder	Procedures and supplies	1	1.12	2K-3180
216	4	IV pump	Procedures and supplies	1	1.12	2N-4200
216	4	PEEP valve	Procedures and supplies	1	1.12	2K-3300
216	4	Pulse Oximeter	Procedures and supplies	1	1.12	2K-3350
216	4	Vent circuit/adult	Procedures and supplies	1	1.12	2K-3300
217	4	Date		1	1.33	
217	4	Flight number		1	1.31	
217	4	Patient name		0		
217	4	HX#		1	1.31	
217	4	Age		0		
217	4	Sex		1	1.27	
217	4	Race		1	1.28	
217	4	WT		0		
217	4	HTN	PMH	0		
217	4	Cardiac	PMH	0		

217	4	nkda	allergies	0			
217	4	illeg	current meds	2			
217	4	referring hospital		0			
217	4	referring physician		0			
217	4	receiving physician		0			
217	4	medical control		0			
217	4	receiving hospital		1	1.35		
217	4	transport dx		0			
217	4	74 yo	Hx	0			
217	4	male	Hx	1	1.27		
217	4	feeling bad all day (per wife)	Hx	0			
217	4	became unresponsive	Hx	0			
217	4	EMS transported to ER	Hx	0			
217	4	intubated	Hx	1		1.121	2K-3120
217	4	sedated	Hx	0			
217	4	paralyzed	Hx	0			
217	4	c collar	in place on arrival	0			
217	4	spinal immobilization	in place on arrival	0			
217	4	limb restraints	in place on arrival	0			
217	4	mast	in place on arrival	0			
217	4	splint	in place on arrival	0			
217	4	O2 vent 100%	performed by ***	1	1.12		2K-3300
217	4	IV x 2	performed by ***	1	1.12		2N-4190
217	4	extrication	performed by ***	1	1.12		4U-6200
217	4	chest tube	performed by ***	1	1.12		*2K-1872
217	4	monitor S regular poss junctional "with" many PVC's	performed by ***	1	1.12		2N-4090/ 2N-4044
217	4	pacer	performed by ***	1	1.12		2N-4150/ 2N-4090/ 2N-4040
217	4	foley	performed by ***	1	1.12		1B-0580/ 2N-4150
217	4	NG tube	performed by ***	1	1.12		1D-1080
217	4	Pt briefed	performed by ***	0			
217	4	secured to stretcher/aircraft	performed by ***	1	1.12		4V-6486
217	4	ETCO2	performed by ***	1	1.12		2K-3180

217	4	lung sounds "check" after movement	performed by ***	0		
217	4	vitals PTA	performed by ***	0		
217	4	BP 110/70	vitals PTA	0		
217	4	P 64	vitals PTA	0		
217	4	R vent	vitals PTA	0		
217	4	O2 sat 100	vitals PTA	0		
217	4	patent	airway	0		
217	4	oral/nasal airway	airway	1	1.121	2K-3120
217	4	7.5 oral ETT 25cm	airway	1	1.121	2K-3120
217	4	trach	airway	1	1.121	2K-3120
217	4	spontaneous	breathing	0		
217	4	regular	breathing	0		
217	4	labored	breathing	0		
217	4	assisted vent/bvm	breathing	1	1.121	4U-6320
217	4	wheezes R	breathing	0		
217	4	wheezes L	breathing	0		
217	4	rales R	breathing	0		
217	4	rales L	breathing	0		
217	4	diminished R	breathing	0		
217	4	diminished L	breathing	0		
217	4	junctional "with" multifocal PVC's	rhythm	0		
217	4	rhythm	circulation	0		
217	4	RA	pulses	0		
217	4	LA	pulses	0		
217	4	RL	pulses	0		
217	4	LL	pulses	0		
217	4	pulses	circulation	0		
217	4	neck veins	circulation	0		
217	4	cap refill < 2 sec	circulation	0		
217	4	injury	head	0		
217	4	injuries	chest	0		
217	4	soft	abdomen	0		
217	4	distended	abdomen	0		
217	4	firm	abdomen	0		
217	4	tender	abdomen	0		
217	4	dry	skin	0		
217	4	pink	skin	0		
217	4	warm	skin	0		
217	4	pale	skin	0		
217	4	diaphoretic	skin	0		

217	4	cyanotic	skin	0		
217	4	cool	skin	0		
217	4	MVMNT present	extremities	0		
217	4	upper R	MVMNT present	0		
217	4	upper L	MVMNT present	0		
217	4	lower R	MVMNT present	0		
217	4	lower L	MVMNT present	0		
217	4	Sensation present	extremities	0		
217	4	upper R	Sensation present	0		
217	4	upper L	Sensation present	0		
217	4	lower R	Sensation present	0		
217	4	lower L	Sensation present	0		
217	4	level of consciousness		0		
217	4	not moving L side prior to paralysis	extremities	0		
217	4	TV 650	Ventilator data	0		
217	4	Rate 12	Ventilator data	0		
217	4	FiO2 100	Ventilator data	0		
217	4	PEEP 4	Ventilator data	0		
217	4	Mode assist	Ventilator data	0		
217	4	BP		0		
217	4	P		0		
217	4	R: 12 vent		0		
217	4	O2 sat		0		
217	4	Pupils R		0		
217	4	Pupils L		0		
217	4	GCS: sedated/paralyzed		0		
217	4	lidocaine 2gms/500 @ 45cc/hr	flight IV fluids/blood products	1	1.121	2N-4150
217	4	pt in ER	narrative	0		
217	4	paralyzed & sedated	narrative	0		
217	4	intubated	narrative	1	1.121	2K-3120
217	4	pitting edema in lower ext	narrative	0		
217	4	lasix given PTA	narrative	0		
217	4	color pink	narrative	0		
217	4	pt VSS	narrative	0		
217	4	still many PVC's	narrative	0		
217	4	no "change" in status	narrative	0		

217	4	to CCU "without" difficulty	narrative	1	1.35
217	4	patient received by		0	
217	4	disp		0	
217	4	LO		0	
217	4	arrive ref		0	
217	4	dep ref		0	
217	4	arr rec		0	
217	4	RN	flight team	0	
217	4	INIT	flight team	0	
217	4	EMT-P	flight team	0	
217	4	"with" pt	valuables	0	
217	4	CCU	disposition	1	1.35
217	4	ground		0	
217	4	fx wing		0	
217	4	heli		0	
218	3	Date of call		0	
218	3	Run No.		0	
218	3	Agency code		0	
218	3	Veh. ID.		0	
218	3	Name		0	
218	3	Address		1	1.29
218	3	Agency name		0	
218	3	Dispatch information		0	
218	3	Call location		0	
218	3	Residence	Check one	0	
218	3	Health facility	Check one	0	
218	3	Farm	Check one	0	
218	3	Indus. facility	Check one	0	
218	3	Other work loc.	Check one	0	
218	3	Roadway	Check one	0	
218	3	Recreational	Check one	0	
218	3	Other	Check one	0	
218	3	End	Mileage	0	
218	3	Begin	Mileage	0	
218	3	Total	Mileage	0	
218	3	Location code	use military times	0	
218	3	Call rec'd	use military times	0	
218	3	Enroute	use military times	0	
218	3	Arrived at scene	use military times	0	
218	3	From scene	use military times	0	
218	3	At destin	use military times	0	

218	3	In service	use military times	0	
218	3	In quarters	use military times	0	
218	3	age		0	
218	3	DOB		1	1.26
218	3	sex		1	1.27
218	3	physician		0	
218	3	call type as rec'd	call type as record	0	
218	3	none	care in progress on arrival	0	
218	3	citizen	care in progress on arrival	0	
218	3	PD/FD/other first responder	care in progress on arrival	0	
218	3	other EMS	care in progress on arrival	0	
218	3	transferred from	complete for transfers only	0	
218	3	no previous PCR	complete for transfers only	0	
218	3	unknown if previous PCR	complete for transfers only	0	
218	3	previous PCR number	complete for transfers only	0	
218	3	MVA ("check" seat belt used)	mechanism of injury	0	
218	3	fall of ____feet	mechanism of	0	
218	3	GSW	mechanism of	0	
218	3	machinery	mechanism of	0	
218	3	struck by vehicle	mechanism of	0	
218	3	unarmed assault	mechanism of	0	
218	3	knife	mechanism of	0	
218	3	extrication required ____minutes		0	
218	3	seat belt used?		0	
218	3	crew	seat belt use reported by	0	
218	3	patient	seat belt use reported by	0	
218	3	police	seat belt use reported by	0	
218	3	other	seat belt use reported by	0	

218	3	Chest pain	chief complaint	0	
218	3	WM. driver	subjective assessment	1	1.27
218	3	PA 120/16	subjective assessment	0	
218	3	PT per staff	subjective assessment	0	
218	3	has "no" hx of Cardiac or any meds.	subjective assessment	0	
218	3	Today came in "with" "heart" PAD	subjective assessment	0	
218	3	airway obstruction	presenting problem	0	
218	3	respiratory arrest	presenting problem	0	
218	3	respiratory distress	presenting problem	0	
218	3	cardiac related (potential)	presenting problem	0	
218	3	cardiac arrest	presenting problem	0	
218	3	allergic reaction	presenting problem	0	
218	3	syncope	presenting problem	0	
218	3	stroke/CVA	presenting problem	0	
218	3	general illness/malaise	presenting problem	0	
218	3	gastro-intestinal distress	presenting problem	0	
218	3	diabetic related (potential)	presenting problem	0	
218	3	unconscious/unresp.	presenting problem	0	
218	3	seizure	presenting problem	0	
218	3	behavior disorder	presenting problem	0	
218	3	substance abuse (potential)	presenting problem	0	
218	3	poisoning (accidental)	presenting problem	0	
218	3	shock	presenting problem	0	
218	3	head injury	presenting problem	0	
218	3	spinal injury	presenting problem	0	
218	3	fracture/dislocation	presenting problem	0	
218	3	amputation	presenting problem	0	
218	3	major trauma	presenting problem	0	
218	3	trauma-blunt	presenting problem	0	
218	3	trauma-penetrating	presenting problem	0	
218	3	soft tissue injury	presenting problem	0	
218	3	bleeding/hemorrhage	presenting problem	0	
218	3	OB/GYN	presenting problem	0	

218	3	burns	presenting problem	0			
218	3	heat	presenting problem-environmental	0			
218	3	cold	presenting problem-environmental	0			
218	3	hazardous materials	presenting problem-environmental	0			
218	3	pain	presenting problem	0			
218	3	obvious death	presenting problem	0			
218	3	other - AISTR	presenting problem	0			
218	3	none	past medical history	0			
218	3	allergy to "illeg"	past medical history	0			
218	3	hypertension	past medical history	0			
218	3	seizures	past medical history	0			
218	3	COPD	past medical history	0			
218	3	stroke	past medical history	0			
218	3	diabetes	past medical history	0			
218	3	cardiac	past medical history	0			
218	3	asthma	past medical history	0			
218	3	other (list)	past medical history	0			
218	3	current medications (list) "no"	past medical history	0			
218	3	time	vital sign	0			
218	3	resp rate	vital sign	0			
218	3	resp regular	vital sign	0			
218	3	resp shallow	vital sign	0			
218	3	resp labored	vital sign	0			
218	3	pulse rate	vital sign	0			
218	3	pulse regular	vital sign	0			
218	3	pulse irregular	vital sign	0			
218	3	BP	vital sign	0			
218	3	alert	level of consciousness	0			
218	3	voice	level of consciousness	0			
218	3	pain	level of consciousness	0			
218	3	unresp.	level of consciousness	0			
218	3	GCS		0			
218	3	normal	R. pupils	0			
218	3	dilated	R. pupils	0			

218	3	constricted	R. pupils	0	
218	3	sluggish	R. pupils	0	
218	3	no-reaction	R. pupils	0	
218	3	normal	L. pupils	0	
218	3	dilated	L. pupils	0	
218	3	constricted	L. pupils	0	
218	3	sluggish	L. pupils	0	
218	3	no-reaction	L. pupils	0	
218	3	unremarkable	skin	0	
218	3	cool	skin	0	
218	3	warm	skin	0	
218	3	moist	skin	0	
218	3	dry	skin	0	
218	3	pale	skin	0	
218	3	cyanotic	skin	0	
218	3	flushed	skin	0	
218	3	jaundiced	skin	0	
218	3	C	status	0	
218	3	U	status	0	
218	3	P	status	0	
218	3	S	status	0	
218	3	They also stated they were have a hard	objective physical assessment	0	
218	3	The keeping her pressure up	objective physical assessment	0	
218	3	O: "woman" W	objective physical assessment	1	1.27
218	3	found A XOX3	objective physical assessment	0	
218	3	"increase" O2	objective physical assessment	0	
218	3	"positive" sinus	objective physical assessment	0	
218	3	"has" IV's	objective physical assessment	0	
218	3	Hep. Hespan	objective physical assessment	0	
218	3	Dopamine	objective physical assessment	0	
218	3	Saline	objective physical assessment	0	
218	3	NEENT-illeg	Comments	2	

218	3	Chest-"has" Rt. SOB	Comments	0			
218	3	"has" vas breath sound	Comments	0			
218	3	CAR-S1S2S3	Comments	0			
218	3	Abd-obese "with" old midline scar	Comments	0			
218	3	"and" Rt. lat scar	Comments	0			
218	3	Leg- "no" movement	Comments	0			
218	3	Moved to ambulance on stretcher/backboard	Treatment given	1	1.12		1C-0960
218	3	Moved to ambulance on stair chair	Treatment given	1	1.12		1C-0960
218	3	Walk to ambulance	Treatment given	1	1.12		1C-0960
218	3	Airway cleared	Treatment given	1	1.12		*2K-3140
218	3	Oral/ nasal airway	Treatment given	1	1.12		2K-3120
218	3	Esophageal obturator airway/Esophageal gastric tube airway(EOA/EGTA)	Treatment given	1	1.12		2K-3120
218	3	Endotracheal tube (E/T)	Treatment given	1	1.12		2K-3120
218	3	Oxygen administered @__L.P.M.	Treatment given	1	1.12		2K-3320
218	3	Oxygen method NR	Treatment given	1	1.12		2K-3320
218	3	Suction used	Treatment given	1	1.12		2K-3160
218	3	Artificial ventilation method	Treatment given	1	1.12		2K-3300
218	3	C.P.R. in progress on arrival by	Treatment given	1		1.121	4U-6140/ 4U-6200
218	3	C.P.R. started @ time	Treatment given	0			
218	3	Time from arrest until C.P.R.	Treatment given	0			
218	3	EKG monitored (attach tracing)	Treatment given	1	1.12		2N-4090/ 2N-4044
218	3	Rhythm(s) S. tach	Treatment given	0			
218	3	Defibrillation/cardioversion No. times	Treatment given	0			
218	3	Defibrillation/cardioversion	Treatment given	1	1.12		2N-4040/ 4U-6140

218	3	Medication administered (use continue form)	Treatment given	1	1.12		2H-2305
218	3	IV established fluid PTA	Treatment given	1		1.121	2N-4190
218	3	Cath. gauge	Treatment given	1		1.121	2N-4190
218	3	Mast inflated @ time	Treatment given	1	1.12		2N-4258/ 4U-6200
218	3	Bleeding/hemorrhage controlled (method used :)	Treatment given	1	1.12		2N-4020
218	3	Spinal immobilization neck and back	Treatment given	1	1.12		4U-6200
218	3	Limb immobilized by fixation	Treatment given	1	1.12		4U-6200
218	3	Limb immobilized by traction	Treatment given	1	1.12		4U-6200
218	3	(Heat) or (Cold) applied	Treatment given	1	1.12		1E-1380
218	3	Vomiting induced @ time	Treatment given	0			
218	3	Vomiting induced method	Treatment given	1	1.12		3O-4516
218	3	Restraints applied, type	Treatment given	1	1.12		4V-6486/ 4V-6580
218	3	Transported in trendelenburg position	Treatment given	1	1.12		1C-0960
218	3	Transport in left lateral recumbent position	Treatment given	1	1.12		1C-0960
218	3	transport with head elevated	Treatment given	1	1.12		1C-0960
218	3	other	Treatment given	0			
218	3	Disposition		1	1.35		
218	3	Disp. code		1	1.35		
218	3	Continuation form used		0			
218	3	In charge	Crew	0			
218	3	EMT	Crew	0			
218	3	AEMT #	Crew	0			
218	3	Driver's name	Crew	0			
218	3	CFR	Crew	0			
218	3	EMT	Crew	0			

218	3	AEMT #	Crew	0			
218	3	Enter PCR ID# (top center of PCR)		0			
218	3	Weight in kilograms		0			
218	3	"has" foley	Additional history & Physical exam finding	0			
218	3	"with" "no" output	Additional history & Physical exam finding	0			
218	3	Arms "has" IV sites	Additional history & Physical exam finding	0			
218	3	A: AISTR	Additional history & Physical exam finding	0			
218	3	P: "increased" O2	Additional history & Physical exam finding	1		1.121	2K-3320
218	3	Monitor IV PFA	Additional history & Physical exam finding	1		1.121	2N-4200
218	3	Hespan totally inf 200cc	Additional history & Physical exam finding	0			
218	3	Dopamine remained at 12mg/kg/hr	Additional history & Physical exam finding	1		1.121	2N-4150
218	3	Heparin 83/cc/hr	Additional history & Physical exam finding	1		1.121	2N-4060
218	3	"no" "changes" enroute	Additional history & Physical exam finding	1	1.13		
218	3	Normal	R. breath sound	0			
218	3	Decreased	R. breath sound	0			
218	3	Absent	R. breath sound	0			
218	3	Rales	R. breath sound	0			
218	3	Rhonchi	R. breath sound	0			
218	3	Wheezes	R. breath sound	0			
218	3	Normal	L. breath sound	0			
218	3	Decreased	L. breath sound	0			

218	3	Absent	L. breath sound	0		
218	3	Rales	L. breath sound	0		
218	3	Rhonchi	L. breath sound	0		
218	3	Wheezes	L. breath sound	0		
218	3	Normal	Neck veins	0		
218	3	Distended	Neck veins	0		
218	3	R	Tracheal shift	0		
218	3	L	Tracheal shift	0		
218	3	Pedal	Edema	0		
218	3	Sacral	Edema	0		
218	3	Ascites	Edema	0		
218	3	Other	Edema	0		
218	3	Normal	Abdomen	0		
218	3	Tender	Abdomen	0		
218	3	Rigid	Abdomen	0		
218	3	Distended	Abdomen	0		
218	3	Other	Abdomen	0		
218	3	NSR	EKG rhythms	0		
218	3	Asystole	EKG rhythms	0		
218	3	V. Fib.	EKG rhythms	0		
218	3	PVC	EKG rhythms	0		
218	3	Brady.	EKG rhythms	0		
218	3	IVR	EKG rhythms	0		
218	3	V. Tach.	EKG rhythms	0		
218	3	SVT	EKG rhythms	0		
218	3	Other-S. Tach.	EKG rhythms	0		
218	3	Defibrillation/cardioversion- "No"		1	1.12	2N-4040/ 4U-6140
218	3	Epinephrine	Medications	1	1.12	2N-4150
218	3	Atropine	Medications	1	1.12	2N-4040/ 2N-4150
218	3	Dextrose	Medications	1	1.12	2G-2130
218	3	Lidocaine	Medications	1	1.12	2N-4150
218	3	Lasix	Medications	1	1.12	2.N.4120
218	3	Dopamine	Medications	1	1.12	2N-4150
218	3	Sodium Bicarb.	Medications	1	1.12	2G-1910
218	3	Isoproterenol	Medications	1	1.12	2K-3140
218	3	Naloxone	Medications	1	1.12	2N-4150
218	3	Bretylium	Medications	1	1.12	2N-4040/ 2N-4150

218	3	Nitroglyc.	Medications	1	1.12	2N-4150/ *2N-4044
218	3	Other	Medications	1	1.12	2H-2305
218	3	Dose		1	1.12	2H-2305
218	3	Route		1	1.12	2H-2305
218	3	Medical facility contacted		0		
218	3	Additional name-crew	Crew	0		
218	3	EMS-FR	Crew	0		
218	3	EMT	Crew	0		
218	3	AEMT #	Crew	0		
219	4	Date	Incident	1	1.33	
219	4	Sevice ID	Incident	0		
219	4	Trauma alert	Incident	0		
219	4	Incident	Incident	0		
219	4	Patient	Incident	0		
219	4	crew	Incident	0		
219	4	Call received	Incident	0		
219	4	Dispatch	Incident	0		
219	4	Enrout	Incident	0		
219	4	Arrive loc.	Incident	0		
219	4	PAT contact	Incident	0		
219	4	Trans. arrived	Incident	0		
219	4	PAT depart	Incident	0		
219	4	Arrive dest	Incident	0		
219	4	Available	Incident	0		
219	4	Abdomin. prob/pain	Incident information -	0		
219	4	Airway obstruction	Incident information -	0		
219	4	Allergic reaction	Incident information -	0		
219	4	Alt. consciousness	Incident information -	0		
219	4	Atramatic bleed	Incident information -	0		
219	4	Behavioral	Incident information -	0		
219	4	Cardiac	Incident information -	0		

219	4	Cardiac arrest	Incident information -	0
219	4	Chest pain	Incident information -	0
219	4	Death	Incident information -	0
219	4	Diabetic	Incident information -	0
219	4	Drowning/near	Incident information -	0
219	4	Fever	Incident information -	0
219	4	Interfacility	Incident information -	0
219	4	Nausea/vomiting	Incident information -	0
219	4	OB/GYN	Incident information -	0
219	4	Other	Incident information -	0
219	4	Poisoning	Incident information -	0
219	4	Respiratory prob.	Incident information -	0
219	4	Seizure	Incident information -	0
219	4	Standby	Incident information -	0
219	4	Trauma call	Incident information -	0
219	4	Unknown	Incident information -	0
219	4	Weakness	Incident information -	0
219	4	Call status	Incident	0
219	4	Call level	Incident	0
219	4	Law	Incident information- assist	0
219	4	EMS	Incident information- assist	0
219	4	Fire	Incident information- assist	0

219	4	Citizen	Incident information- assist	0
219	4	HCP	Incident information- assist	0
219	4	Lifegrd	Incident information- assist	0
219	4	ID #	Incident information- assist	0
219	4	Threat	Incident information- Delay	0
219	4	Hazard	Incident information- Delay	0
219	4	location	Incident information- Delay	0
219	4	Weather	Incident information- Delay	0
219	4	Extrication	Incident information- Delay	0
219	4	Traffic	Incident information- Delay	0
219	4	Mechanical	Incident information- Delay	0
219	4	Other	Incident information- Delay	0
219	4	Assist	Incident information-	0
219	4	Cancel	Incident information-	0
219	4	Dry run	Incident information-	0
219	4	Law enf	Incident information-	0
219	4	Refused	Incident information-	0
219	4	Transfer	Incident information-	0
219	4	Transport	Incident information-	0
219	4	Tx not req	Incident information-	0
219	4	ID #	Incident information-	0

219	4	Exposure No	Incident	0	
219	4	Type of transport	Incident	0	
219	4	Name of other responding agency	Incident information	0	
219	4	and unit ID#	Incident	0	
219	4	Unit ID No.	Incident	0	
219	4	Incident location	Incident	0	
219	4	Last name	Patient info	0	
219	4	First name	Patient info	0	
219	4	Street address	Patient info	1	1.29
219	4	City	Patient info	1	1.29
219	4	State	Patient info	1	1.29
219	4	Zip	Patient info	1	1.29
219	4	Date of birth	Patient info	1	1.26
219	4	Female Sex	Patient info	1	1.27
219	4	Race	Patient info	1	1.28
219	4	Age	Patient info	0	
219	4	Social security number	Patient info	1	1.25
219	4	Driver license number	Patient info	0	
219	4	Airway patent	Assessment	0	
219	4	airway obstructed	Assessment	0	
219	4	Breathing walls	Assessment	0	
219	4	Breathing sounds "equal"	Assessment	0	
219	4	Breathing rales	Assessment	0	
219	4	Breathing walls "not equal"	Assessment	0	
219	4	Breathing sounds "not equal"	Assessment	0	
219	4	Breathing rhonchi	Assessment	0	
219	4	Breathing crepitus	Assessment	0	
219	4	Breathing none	Assessment	0	
219	4	Breathing wheezes	Assessment	0	
219	4	Temp WNL	Assessment	0	
219	4	Temp hot	Assessment	0	
219	4	Temp Cool	Assessment	0	
219	4	Color WNL	Assessment	0	
219	4	Color cyanotic	Assessment	0	
219	4	Color pale	Assessment	0	
219	4	Color other	Assessment	0	
219	4	Moisture WNL	Assessment	0	
219	4	Moisture moist	Assessment	0	

219	4	Moisture dry	Assessment	0
219	4	WNL	Assessment- Pupils	0
219	4	Dilated	Assessment- Pupils	0
219	4	Constr	Assessment- Pupils	0
219	4	Reactiv	Assessment- Pupils	0
219	4	Spont	Assessment- Glasgow Coma Scale	0
219	4	To spch	Assessment- Glasgow Coma Scale	0
219	4	To pain	Assessment- Glasgow Coma Scale	0
219	4	None	Assessment- Glasgow Coma Scale	0
219	4	Oriented	Assessment- Verbal	0
219	4	Confused	Assessment- Verbal	0
219	4	Inapprop	Assessment- Verbal	0
219	4	Garbled	Assessment- Verbal	0
219	4	None	Assessment- Verbal	0
219	4	Obeys	Assessment- Motor	0
219	4	Localiz	Assessment- Motor	0
219	4	Withdrw	Assessment- Motor	0
219	4	Flexion	Assessment- Motor	0
219	4	Extens	Assessment- Motor	0
219	4	None	Assessment- Motor	0
219	4	Radial	Assessment- Circulation	0
219	4	Carotid	Assessment- Circulation	0
219	4	Other	Assessment- Circulation	0
219	4	Time	Assessment	0
219	4	Resp rate	Assessment	0
219	4	BP systolic	Assessment	0

219	4	BP diastolic	Assessment	0
219	4	Time of injury	Trauma info	0
219	4	Date of injury	Trauma info	0
219	4	MVC	Trauma info	0
219	4	Marine veh	Trauma info	0
219	4	Bicycle	Trauma info	0
219	4	Assault	Trauma info	0
219	4	GSW	Trauma info	0
219	4	Stab	Trauma info	0
219	4	Burn	Trauma info	0
219	4	Fall	Trauma info	0
219	4	Environmental	Trauma info	0
219	4	Hazmat	Trauma info	0
219	4	Heavy equip.	Trauma info	0
219	4	Other	Trauma info	0
219	4	None	Injury site/type	0
219	4	Head	Injury site/type-Abrasion	0
219	4	Face	Injury site/type-Abrasion	0
219	4	Eye	Injury site/type-Abrasion	0
219	4	Neck	Injury site/type-Abrasion	0
219	4	Chest pain	Injury site/type-Abrasion	0
219	4	Back	Injury site/type-Abrasion	0
219	4	Up Ex	Injury site/type-Abrasion	0
219	4	Hand	Injury site/type-Abrasion	0
219	4	Abdm	Injury site/type-Abrasion	0
219	4	Pelvis	Injury site/type-Abrasion	0
219	4	LW EX	Injury site/type-Abrasion	0
219	4	Foot	Injury site/type-Abrasion	0
219	4	Head	Injury site/type-Amputate	0

219	4 Face	Injury site/type-Amputate	0
219	4 Eye	Injury site/type-Amputate	0
219	4 Neck	Injury site/type-Amputate	0
219	4 Chest pain	Injury site/type-Amputate	0
219	4 Back	Injury site/type-Amputate	0
219	4 Up Ex	Injury site/type-Amputate	0
219	4 Hand	Injury site/type-Amputate	0
219	4 Abdm	Injury site/type-Amputate	0
219	4 Pelvis	Injury site/type-Amputate	0
219	4 LW EX	Injury site/type-Amputate	0
219	4 Foot	Injury site/type-Amputate	0
219	4 Head	Injury site/type-Burn	0
219	4 Face	Injury site/type-Burn	0
219	4 Eye	Injury site/type-Burn	0
219	4 Neck	Injury site/type-Burn	0
219	4 Chest pain	Injury site/type-Burn	0
219	4 Back	Injury site/type-Burn	0
219	4 Up Ex	Injury site/type-Burn	0
219	4 Hand	Injury site/type-Burn	0
219	4 Abdm	Injury site/type-Burn	0
219	4 Pelvis	Injury site/type-Burn	0

219	4 LW EX	Injury site/type-Burn	0
219	4 Foot	Injury site/type-Burn	0
219	4 Head	Injury site/type-Contuse	0
219	4 Face	Injury site/type-Contuse	0
219	4 Eye	Injury site/type-Contuse	0
219	4 Neck	Injury site/type-Contuse	0
219	4 Chest pain	Injury site/type-Contuse	0
219	4 Back	Injury site/type-Contuse	0
219	4 Up Ex	Injury site/type-Contuse	0
219	4 Hand	Injury site/type-Contuse	0
219	4 Abdm	Injury site/type-Contuse	0
219	4 Pelvis	Injury site/type-Contuse	0
219	4 LW EX	Injury site/type-Contuse	0
219	4 Foot	Injury site/type-Contuse	0
219	4 Head	Injury site/type-Fxidisl	0
219	4 Face	Injury site/type-Fxidisl	0
219	4 Eye	Injury site/type-Fxidisl	0
219	4 Neck	Injury site/type-Fxidisl	0
219	4 Chest pain	Injury site/type-Fxidisl	0
219	4 Back	Injury site/type-Fxidisl	0
219	4 Up Ex	Injury site/type-Fxidisl	0

219	4 Hand	Injury site/type-Fxidisl	0
219	4 Abdm	Injury site/type-Fxidisl	0
219	4 Pelvis	Injury site/type-Fxidisl	0
219	4 LW EX	Injury site/type-Fxidisl	0
219	4 Foot	Injury site/type-Fxidisl	0
219	4 Head	Injury site/type-Lacerate	0
219	4 Face	Injury site/type-Lacerate	0
219	4 Eye	Injury site/type-Lacerate	0
219	4 Neck	Injury site/type-Lacerate	0
219	4 Chest pain	Injury site/type-Lacerate	0
219	4 Back	Injury site/type-Lacerate	0
219	4 Up Ex	Injury site/type-Lacerate	0
219	4 Hand	Injury site/type-Lacerate	0
219	4 Abdm	Injury site/type-Lacerate	0
219	4 Pelvis	Injury site/type-Lacerate	0
219	4 LW EX	Injury site/type-Lacerate	0
219	4 Foot	Injury site/type-Lacerate	0
219	4 Head	Injury site/type-Penetrate	0
219	4 Face	Injury site/type-Penetrate	0
219	4 Eye	Injury site/type-Penetrate	0
219	4 Neck	Injury site/type-Penetrate	0

219	4	Chest pain	Injury site/type-Penetrate	0
219	4	Back	Injury site/type-Penetrate	0
219	4	Up Ex	Injury site/type-Penetrate	0
219	4	Hand	Injury site/type-Penetrate	0
219	4	Abdm	Injury site/type-Penetrate	0
219	4	Pelvis	Injury site/type-Penetrate	0
219	4	LW EX	Injury site/type-Penetrate	0
219	4	Foot	Injury site/type-Penetrate	0
219	4	Head	Injury site/type-Other	0
219	4	Face	Injury site/type-Other	0
219	4	Eye	Injury site/type-Other	0
219	4	Neck	Injury site/type-Other	0
219	4	Chest pain	Injury site/type-Other	0
219	4	Back	Injury site/type-Other	0
219	4	Up Ex	Injury site/type-Other	0
219	4	Hand	Injury site/type-Other	0
219	4	Abdm	Injury site/type-Other	0
219	4	Pelvis	Injury site/type-Other	0
219	4	LW EX	Injury site/type-Other	0
219	4	Foot	Injury site/type-Other	0
219	4	SBP "less than" 90	Trauma alert	0

219	4	RR "less than" 10 or RR "more than" 29	Trauma alert criteria	0		
219	4	GCS "less or equal than" 12	Trauma alert criteria	0		
219	4	"second" "degree" "or" "third" "degree" burn "more than" 15% BSA	Trauma alert criteria	0		
219	4	Paralysis	Trauma alert	0		
219	4	Amputation prox to wrist or ankle	Trauma alert criteria	0		
219	4	Penetrate head, neck, or trunk	Trauma alert criteria	0		
219	4	Eject from motor vehicle	Trauma alert criteria	0		
219	4	Other	Trauma alert	0		
219	4	Peds alert criteria met	Trauma alert	0		
219	4	TTP exception yes	TTP exception	0		
219	4	TTP exception No	TTP exception	0		
219	4	Dash	Vehicle deformity	0		
219	4	Dside window	Vehicle deformity	0		
219	4	Windshield	Vehicle deformity	0		
219	4	Steering wheel	Vehicle deformity	0		
219	4	None	Vehicle deformity	0		
219	4	Lapbelt	Protection	0		
219	4	Shoulder	Protection	0		
219	4	Helmet	Protection	0		
219	4	Child seat	Protection	0		
219	4	Air bag	Protection	0		
219	4	Pres. float. device	Protection	0		
219	4	None	Protection	0		
219	4	Unknown	Protection	0		
219	4	Position	Assessment and intervention information-Airway intervention	1	1.121	2K-3140
219	4	Suction	Assessment and intervention information-Airway intervention	1	1.121	2K-3160

219	4 Thrusts	Assessment and intervention information- Airway intervention	1	1.121	4U-6200
219	4 OP	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 NP	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 EOA	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 EGTA	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 Biluminal	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 NTI	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 OTI	Assessment and intervention information- Airway intervention	1	1.121	2K-3120
219	4 CRIC	Assessment and intervention information- Airway intervention	1	1.121	*2K-3120
219	4 Trach	Assessment and intervention information- Airway intervention	1	1.121	2K-3120

219	4 Decop	Assessment and intervention information-Breathing intervention	1	1.121	*7
219	4 EtCO2	Assessment and intervention information-Breathing intervention	1	1.121	2K-3180
219	4 SaO2	Assessment and intervention information-Breathing intervention	1	1.121	2K-3320
219	4 Other	Assessment and intervention information-Breathing intervention	0		
219	4 Dressing	Assessment and intervention information-Breathing intervention	1	1.121	2L-3660
219	4 Splinting	Assessment and intervention information-Breathing intervention	1	1.121	1C-0910
219	4 Oxygen	Assessment and intervention information-Breathing intervention	1	1.121	2K-3320
219	4 NC	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3320

219	4 BVM	Assessment and intervention information-Breathing intervention-Method	1	1.121	4U-6320
219	4 Ventil	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3300
219	4 NRBM	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3320
219	4 Venturi	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3320
219	4 Mouth	Assessment and intervention information-Breathing intervention-Method	0		
219	4 Nebulizer	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3140
219	4 Mask	Assessment and intervention information-Breathing intervention-Method	1	1.121	2K-3320

219	4	LTR	Assessment and intervention information-Breathing intervention-Method	1	1.121	*7
219	4	AED/SAED	Assessment and intervention information-Circulation intervention	1	1.121	2N-4040/ 4U-6140
219	4	Mast	Assessment and intervention information-Circulation intervention	1	1.121	2N-4258/ 4U-6200
219	4	Cardiac monitor	Assessment and intervention information-Circulation intervention	1	1.121	2N-4090/ 2N-4044
219	4	Cardiovert	Assessment and intervention information-Circulation intervention	1	1.121	2N-4040/ 4U-6140
219	4	Compressions	Assessment and intervention information-Circulation intervention	1	1.121	4U-6200
219	4	Ext. pacing	Assessment and intervention information-Circulation intervention	1	1.121	2N-4150/ 2N-4090/ 2N-4040
219	4	Defib	Assessment and intervention information-Circulation intervention	1	1.121	2N-4040/ 4U-6140

219	4	Bandage/Dressing	Assessment and intervention information- Circulation intervention	1	1.121	2L-3660
219	4	IV	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	LR	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	D5W	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	NS	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	TKO	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	WO	Assessment and intervention information- Fluid	1	1.121	2N-4200
219	4	Other	Assessment and intervention information- Fluid	0		
219	4	CC	Assessment and intervention information- Fluid	0		
219	4	Backboard	Assessment and intervention information- Secondary intervention	1	1.121	4U-6200
219	4	Bladder cath	Assessment and intervention information- Secondary intervention	1	1.121	1.B.0580/ 2N-4150

219	4	Blood draw	Assessment and intervention information-Secondary intervention	1	1.121	2N-4238
219	4	Burn sheet	Assessment and intervention information-Secondary intervention	1	1.121	*7
219	4	CID	Assessment and intervention information-Secondary intervention	1	1.121	4U-6200
219	4	Irrigation	Assessment and intervention information-Secondary intervention	1	1.121	2L-3680
219	4	KED	Assessment and intervention information-Secondary intervention	1	1.121	4U-6200
219	4	Other	Assessment and intervention information-Secondary intervention	0		
219	4	Manual immob	Assessment and intervention information-Secondary intervention	1	1.121	4U-6200
219	4	NG tube	Assessment and intervention information-Secondary intervention	1	1.121	1D-1080

219	4 Restraints	Assessment and intervention information-Secondary intervention	1	1.121	4V-6486/ 4V-6580
219	4 Splinting/Tract	Assessment and intervention information-Secondary intervention	1	1.121	4U-6200
219	4 Atropine	Assessment and intervention information-Medication	1	1.121	2N-4040/ 2N-4150
219	4 D50	Assessment and intervention information-Medication	1	1.121	2G-2130
219	4 EPI !:1000	Assessment and intervention information-Medication	1	1.121	2N-4150
219	4 EPI 1:10000	Assessment and intervention information-Medication	1	1.121	2N-4150
219	4 Lidocaine	Assessment and intervention information-Medication	1	1.121	2N-4150
219	4 Naloxone	Assessment and intervention information-Medication	1	1.121	2N-4150
219	4 Nitroglycerine	Assessment and intervention information-Medication	1	1.121	2N-4150/ *2N-4044
219	4 Narcotic pain	Assessment and intervention information-Medication	1	1.121	2H-2210

219	4 Pul. aerosol	Assessment and intervention information-Medication	1	1.121	2K-3140
219	4 Other cardiac	Assessment and intervention information-Medication	0		
219	4 Sodium bicarb	Assessment and intervention information-Medication	1	1.121	2G-1910
219	4 SVT Ca blocker	Assessment and intervention information-Medication	1	1.121	2N-4090
219	4 Thrombolytic	Assessment and intervention information-Medication	1	1.121	*2N-4044
219	4 Other	Assessment and intervention information-Medication	0		
219	4 P	Assessment and intervention information	0		
219	4 R- Ambu	Assessment and intervention information	0		
219	4 BP	Assessment and intervention information	0		
219	4 A fib	Assessment and intervention information-Rhythm	0		
219	4 NSR	Assessment and intervention information-Rhythm	0		

219	4 Asytole	Assessment and intervention information-Rhythm	0		
219	4 PEA	Assessment and intervention information-Rhythm	0		
219	4 Agonal	Assessment and intervention information-Rhythm	0		
219	4 Sao2	Assessment and intervention information	0		
219	4 by ABG	Assessment and intervention information-Treatment	0		
219	4 Calcium	Assessment and intervention information-Treatment	1	1.12	2N-4150
219	4 IV pressors	Assessment and intervention information-Treatment	1	1.12	2N-4150
219	4 Atropine	Assessment and intervention information-Treatment	1	1.12	2N-4040/ 2N-4150
219	4 Epinephrine	Assessment and intervention information-Treatment	1	1.12	2N-4150
219	4 Dose	Assessment and intervention information	1	1.12	2H-2305
219	4 Route IVP	Assessment and intervention information	1	1.12	2H-2305

219	4	Route IVI	Assessment and intervention information	1	1.12	2H-2305
219	4	Digoxin .75mg IVP	Assessment and intervention information-Comments/response	1	1.12	2N-4150
219	4	Dopamine 30cc/35mgs	Assessment and intervention information-Comments/response	1	1.12	2N-4150
219	4	Dobutamine 35cc/27mcgs	Assessment and intervention information-Comments/response	1	1.12	2N-4150
219	4	Sodium bicarbonate @ 60cc "per" "hour"	Assessment and intervention information-Comments/response	1	1.12	2G-1910
219	4	Little response	Assessment and intervention information-Comments/response	1	1.13	
219	4	"no" response	Assessment and intervention information-Comments/response	1	1.13	
219	4	Central line	Assessment and intervention information-Comments/response	1	1.12	2H-2440

219	4	via central line	Assessment and intervention information-Comments/response	1	1.12	2H-2440
219	4	Asthma	Assessment and intervention information-	0		
219	4	Cancer	Assessment and intervention information-	0		
219	4	Cardiac monitor	Assessment and intervention information-	0		
219	4	COPD	Assessment and intervention information-	0		
219	4	Diabetic	Assessment and intervention information-	0		
219	4	HIV	Assessment and intervention information-	0		
219	4	HBV	Assessment and intervention information-	0		
219	4	"increase" BP	Assessment and intervention information-	0		
219	4	Psych	Assessment and intervention information-	0		
219	4	Seizure	Assessment and intervention information-	0		
219	4	Sickle cell	Assessment and intervention information-	0		
219	4	Substance abuse	Assessment and intervention information-	0		

219	4	TB	Assessment and intervention information-	0	
219	4	Other	Assessment and intervention information-	0	
219	4	Current meds: non know	Assessment and intervention information	0	
219	4	Allergies: non know	Assessment and intervention information	0	
219	4	Physician contracted	Assessment and intervention information	0	
219	4	Hypotension	Assessment and intervention information- Chief complaint	0	
219	4	"secondary" to myocarditis	Assessment and intervention information- Chief complaint	0	
219	4	Interfacility trans	Assessment and intervention information- Chief complaint	0	
219	4	To JMH for heart trans.	Assessment and intervention information- Chief complaint	1	1.35
219	4	62 years old	Assessment and intervention information- Narrative	0	
219	4	Canadian	Assessment and intervention information- Narrative	1	1.28

219	4	woman	Assessment and intervention information-Narrative	1	1.27
219	4	found supine in hospital bed	Assessment and intervention information-Narrative	0	
219	4	HPI. pt previously health	Assessment and intervention information-Narrative	0	
219	4	Dx "with" viral myocarditis	Assessment and intervention information-Narrative	0	
219	4	"negative" blood culture	Assessment and intervention information-Narrative	0	
219	4	To ***	Assessment and intervention information-Narrative	1	1.35
219	4	P/E: A "and" O X 3	Assessment and intervention information-Narrative	0	
219	4	non-verbal "secondary" to ETT	Assessment and intervention information-Narrative	0	
219	4	GCS 15	Assessment and intervention information-Narrative	0	
219	4	"negative" sensation	Assessment and intervention information-Narrative	0	

219	4	"positive" gross "illeg"	Assessment and intervention information-Narrative	0
219	4	S/C edema	Assessment and intervention information-Narrative	0
219	4	ETT in situ	Assessment and intervention information-Narrative	0
219	4	"with" vent set, VT 700, FiO245% A/C 16	Assessment and intervention information-Narrative	0
219	4	Lung: A/E L=R	Assessment and intervention information-Narrative	0
219	4	"negative" rales	Assessment and intervention information-Narrative	0
219	4	"positive" rhonchi	Assessment and intervention information-Narrative	0
219	4	good bilat B/S	Assessment and intervention information-Narrative	0
219	4	"no" O2 sat "secondary" to BP "decrease"	Assessment and intervention information-Narrative	0
219	4	Extremities cool	Assessment and intervention information-Narrative	0

219	4	L art ABG PH7.45, PCO229, PO2 100	Assessment and intervention information-Narrative	0		
219	4	NaBicarb drip for profound "illeg"	Assessment and intervention information-Narrative	2		
219	4	NG tube in situ	Assessment and intervention information-Narrative	0		
219	4	Arterial line and IABP for R femoral artery	Assessment and intervention information-Narrative	1	1.12	2N-4254/ 2N-4064
219	4	pt stabilized on portable balloon pump	Assessment and intervention information-Narrative	0		
219	4	"with" arterial pressure wave trigger @ 1:1	Assessment and intervention information-Narrative	0		
219	4	EGG amplitude "decrease"	Assessment and intervention information-Narrative	0		
219	4	Pump working satisfactorily	Assessment and intervention information-Narrative	0		
219	4	IV's change to portable pump as above	Assessment and intervention information-Narrative	1	1.12	2N-4200
219	4	Digoxin .75mg IVP given for ARS	Assessment and intervention information-Narrative	1	1.12	2N-4150

219	4	"with" calcium 1gram IVP	Assessment and intervention information-Narrative	1	1.12	2N-4150
219	4	Pt on portable vent FiO2100% VT700 A/C16	Assessment and intervention information-Narrative	1	1.12	2K-3300
219	4	"Has" seizure" secondary to hypoxia	Assessment and intervention information-Narrative	0		
219	4	? mucous plug	Assessment and intervention information-Narrative	0		
219	4	"not" on suction	Assessment and intervention information-Narrative	0		
219	4	Re-connected to portable vent	Assessment and intervention information-Narrative	1	1.12	2K-3300
219	4	Pt stabilized on vent-tolerated well	Assessment and intervention information-Narrative	0		
219	4	monitor show NSR @ 80	Assessment and intervention information-Narrative	0		
219	4	B/P "decrease" @ 78/35	Assessment and intervention information-Narrative	0		
219	4	D/W Dr *** and pt's husband	Assessment and intervention information-Narrative	0		

219	4	Both understand pt may die during transport	Assessment and intervention information-Narrative	0			
219	4	but benefit of hosp outweigh risks	Assessment and intervention information-Narrative	0			
219	4	Dr @ bedside	Assessment and intervention information-Narrative	0			
219	4	Secure on flight stretcher	Assessment and intervention information-Narrative	1	1.12		4V-6486
219	4	Vent working	Assessment and intervention information-Narrative	0			
219	4	"no" change in pt	Assessment and intervention information-Narrative	0			
219	4	stable after move to stretcher	Assessment and intervention information-Narrative	0			
219	4	Enrout to aircraft in elevator	Assessment and intervention information-Narrative	1	1.12		1C-0960
219	4	pressure "decrease" to 60/30 arterial line	Assessment and intervention information-Narrative	0			
219	4	Dopamine @ 30cc/hr	Assessment and intervention information-Narrative	1		1.121	2N-4150

219	4	Dobutamine @ 35 cc/hr	Assessment and intervention information-Narrative	1	1.121	2N-4150
219	4	Bicarb @ 60cc/hr	Assessment and intervention information-Narrative	1	1.121	2G-1910
219	4	On removal from ambulance "has" seizure" activity	Assessment and intervention information-Narrative	0		
219	4	probable hypoperfusion and central hypoxia	Assessment and intervention information-Narrative	0		
219	4	immediate ambu "with" 100% O2	Assessment and intervention information-Narrative	1	1.12	4U-6320
219	4	"has" good bi-lateral breathing sound	Assessment and intervention information-Narrative	0		
219	4	Monitor show asytole	Assessment and intervention information-Narrative	0		
219	4	Atropine	Assessment and intervention information-Narrative	1	1.12	2N-4040/ 2N-4150
219	4	Epinephrine	Assessment and intervention information-Narrative	1	1.12	2N-4150
219	4	"no" pulse	Assessment and intervention information-Narrative	1	1.13	

219	4	CPR initiated	Assessment and intervention information-Narrative	1	1.12	4U-6140/ 4U-6200
219	4	"positive" pulse- paint "with" CPR	Assessment and intervention information-Narrative	1	1.13	
219	4	Return of idea-ventricular rhythm	Assessment and intervention information-Narrative	0		
219	4	"no" pulse without CPR	Assessment and intervention information-Narrative	0		
219	4	Husband around of pt CPR in progress	Assessment and intervention information-Narrative	0		
219	4	Balloon pump set 1:1 interval mode	Assessment and intervention information-Narrative	0		
219	4	"no" pulse without CPR and balloon augmentation	Assessment and intervention information-Narrative	0		
219	4	CPR continue	Assessment and intervention information-Narrative	1	1.12	4U-6140/ 4U-6200
219	4	ventilation by ambu-bag "with" 100% O2	Assessment and intervention information-Narrative	1	1.12	4U-6320
219	4	Dr. @ bedside	Assessment and intervention information-Narrative	0		

219	4	Pt still in paralyzing	Assessment and intervention information-Narrative	0		
219	4	Husband observing CPR continue	Assessment and intervention information-Narrative	0		
219	4	"has" good bi-lateral breathing sound	Assessment and intervention information-Narrative	0		
219	4	Dr discussing situation with husband	Assessment and intervention information-Narrative	0		
219	4	Husband understand @ stretcher "with" patient	Assessment and intervention information-Narrative	0		
219	4	Monitor show agonal rhythm "with" no pulse	Assessment and intervention information-Narrative	0		
219	4	Pt color cyanotic	Assessment and intervention information-Narrative	0		
219	4	Patient pronounced dead by Dr @ 1546	Assessment and intervention information-Narrative	1	1.13	
219	4	Patient returned to ground unit for transport back to ED	Assessment and intervention information-Narrative	0		
219	4	Dr will sign death certificate	Assessment and intervention information-Narrative	0		

219	4	but M.E. involvement suggested	Assessment and intervention information-Narrative	0	
219	4	Equipment received and aircraft secure for flight back to base	Assessment and intervention information-Narrative	0	
219	4	Available 1645	Assessment and intervention information-Narrative	0	
219	4	Lead crew signature		0	
219	4	Review signature		0	
219	4	Med control		0	
219	4	Fixed property use		0	
219	4	Ending mileage		0	
219	4	Beginning mileage		0	
219	4	Home phone		0	
219	4	Private physician		0	
219	4	Next of kin		0	
219	4	Phone		0	
219	4	Bill to company or name		1	1.36
219	4	Address		0	
219	4	City		0	
219	4	State		0	
219	4	Zip		0	
219	4	Insurance #		1	1.36
219	4	Medicare #		1	1.36
219	4	Medicaid #		1	1.36
219	4	Other		0	
219	4	Base rate	Charges	0	
219	4	Oxygen administered	Charges	0	
219	4	Stand by charge	Charges	0	
219	4	waiting time	Charges	0	
219	4	Total	Charges	0	
219	4	Amount		0	
223	3	Name		0	
223	3	Age		0	
223	3	Address		1	1.29
223	3	Phone		0	

223	3	Account number		0	
223	3	Flight nurse		0	
223	3	Flight medic		0	
223	3	Flight physician		0	
223	3	Pilot		0	
223	3	Helicopter "Yes"		0	
223	3	Fixed wing		0	
223	3	Referring M.D.		0	
223	3	Referring agency		0	
223	3	Receiving M.D.		0	
223	3	Receiving agency		0	
223	3	Comments regarding time elements		0	
223	3	Miles from base to scene		0	
223	3	Call received		0	
223	3	Dispatched		0	
223	3	Arrive scene		0	
223	3	Arrive airport		0	
223	3	Arrive facility/agency		0	
223	3	Depart scene		0	
223	3	Depart facility/agency		0	
223	3	Depart airport		0	
223	3	Arrive accepting facility/agency		0	
223	3	Transport time		0	
223	3	Geographic location of patient		0	
223	3	Date call received		0	
223	3	Date of flight		1	1.33
223	3	Allergies: NKA		0	
223	3	Lopressor 25mg qod	Medications	0	
223	3	Lopressor 50mg qod	Medications	0	
223	3	Vit.	Medications	0	
223	3	Chief complaint: Passed out		0	
223	3	Hot load		0	
223	3	Hot unload	Hot load	0	
223	3	HT		0	
223	3	WT		0	
223	3	BP		0	
223	3	Pulse		0	

223	3	Resp rate		0	
223	3	L.	O2	1	1.121 2K-3320
223	3	Type	O2	1	1.121 2K-3320
223	3	Oximeter	O2	1	1.121 2K-3350
223	3	Eye opening Open spontanous	Glasgow coma scale	0	
223	3	Eye opening Open to voice	Glasgow coma scale	0	
223	3	Eye opening Open to pain	Glasgow coma scale	0	
223	3	Eye opening No response	Glasgow coma scale	0	
223	3	Verbal response Oriented & converses	Glasgow coma scale	0	
223	3	Verbal response Confused speech	Glasgow coma scale	0	
223	3	Verbal response Inappropriate words	Glasgow coma scale	0	
223	3	Verbal response Incomprehesive	Glasgow coma scale	0	
223	3	Verbal response No response	Glasgow coma scale	0	
223	3	Motor response Obeys verbal command	Glasgow coma scale	0	
223	3	Motor response Localizes pain	Glasgow coma scale	0	
223	3	Motor response withdraw from pain	Glasgow coma scale	0	
223	3	Motor response Inappropriate flexion	Glasgow coma scale	0	
223	3	Motor response Inappropriate	Glasgow coma scale	0	
223	3	Motor response Extension	Glasgow coma scale	0	
223	3	Motor response No response	Glasgow coma scale	0	
223	3	Total	Glasgow coma scale	0	
223	3	Pupils graphic		0	
223	3	R pupil 6		0	
223	3	L pupil 6		0	

223	3	Other- PERL		0		
223	3	Dry	Moisture	0		
223	3	Moist	Moisture	0		
223	3	Profuse	Moisture	0		
223	3	Normal	Color	0		
223	3	Cyanotic	Color	0		
223	3	Pale/ashen	Color	0		
223	3	Flushed	Color	0		
223	3	Mottled	Color	0		
223	3	Warm	Temperature	0		
223	3	Cool	Temperature	0		
223	3	Hot	Temperature	0		
223	3	Cold	Temperature	0		
223	3	Nonlabored	Breathing	0		
223	3	Labored	Breathing	0		
223	3	shallow	Breathing	0		
223	3	Irregular	Breathing	0		
223	3	Rapid	Breathing	0		
223	3	Absent	Breathing	0		
223	3	Breath sound	ETT placement confirmed by	0		
223	3	Absence of BS over stomach	ETT placement confirmed by	0		
223	3	Chest expansion	ETT placement confirmed by	0		
223	3	OPA	Airway Tx	1	1.12	2K-3120
223	3	NPA	Airway Tx	1	1.12	2K-3120
223	3	ETT size	Airway Tx	1	1.12	2K-3120
223	3	ETT Oral	Airway Tx	1	1.12	2K-3120
223	3	ETT Nasal	Airway Tx	1	1.12	2K-3120
223	3	ETT Cric	Airway Tx	1	1.12	*2K-3120
223	3	Assisted vent		1	1.12	2K-3300
223	3	T.V.	Respirator	1	1.12	2K-3300
223	3	P.P	Respirator	1	1.12	2K-3300
223	3	PEEP	Respirator	1	1.12	2K-3300
223	3	I.E.	Respirator	1	1.12	2K-3300
223	3	Rate	Respirator	0		
223	3	pt passed out	Infllight patient status/comments	0		
223	3	getting out of "illeg"	Infllight patient status/comments	2		

223	3	Pt arrived Watferel city	Infllight patient status/comments	0		
223	3	in 3 "degree" block	Infllight patient status/comments	0		
223	3	pt medicate	Infllight patient status/comments	0		
223	3	"with" Atropine	Infllight patient status/comments	0		
223	3	"and" MS	Infllight patient status/comments	0		
223	3	"positive" external pain applied	Infllight patient status/comments	0		
223	3	pt couldn't tolerate pain on our arrival	Infllight patient status/comments	0		
223	3	pt in Sinus rhythm	Infllight patient status/comments	0		
223	3	"with" rate 50's	Infllight patient status/comments	0		
223	3	pt would go in tant	Infllight patient status/comments	0		
223	3	pt skin cold	Infllight patient status/comments	0		
223	3	"no" pain	Infllight patient status/comments	0		
223	3	illeg	Infllight patient status/comments	2		
223	3	lungs clear	Infllight patient status/comments	0		
223	3	"no" edema	Infllight patient status/comments	0		
223	3	pt had C-Collar on from felt	Infllight patient status/comments	0		
223	3	Foley in place	Infllight patient status/comments	0		
223	3	IV L arm	Infllight patient status/comments	1	1.121	2N-4200
223	3	0.9NS 30/"hour"	Infllight patient status/comments	1	1.121	2N-4200
223	3	and NTG gtt 25 mcg	Infllight patient status/comments	1	1.121	2N-4150/ *2N-4044

223	3	pt switched to our IV pump	Infllight patient status/comments	1	1.12	2N-4200
223	3	and monitors	Infllight patient status/comments	1	1.12	2N-4090/ 2N-4044
223	3	external pacing applied	Infllight patient status/comments	1	1.12	2N-4150/ 2N-4090/ 2N-4040
223	3	"and" Fast patch monitor	Infllight patient status/comments	1	1.12	2N-4090/ 2N-4044
223	3	Pt alert	Infllight patient status/comments	0		
223	3	"and" oriented	Infllight patient status/comments	0		
223	3	Pt moved to our Cat	Infllight patient status/comments	1	1.12	1C-0960
223	3	"and" stripped X2	Infllight patient status/comments	1	1.12	4V-6486
223	3	pt to helicopter ambulance	Infllight patient status/comments	1	1.12	1C-0960
223	3	"and" take off at 2212	Infllight patient status/comments	0		
223	3	In flight pt pain free	Infllight patient status/comments	0		
223	3	Skin cool dry	Infllight patient status/comments	0		
223	3	NTG "increase" 40mcg	Infllight patient status/comments	1	1.12	2N-4150/ *2N-4044
223	3	"and" NS dc'd	Infllight patient status/comments	1	1.12	2N-4200
223	3	pt remain 3 "degree" block	Infllight patient status/comments	0		
223	3	pt rate "increase" to 70's	Infllight patient status/comments	0		
223	3	Pain free on arrival	Infllight patient status/comments	1	1.13	
223	3	1mg Atropine	Medication in flight-medication	1	1.121	2.N.4040/ 2.N.4150
223	3	MS	Medication in flight-medication	1	1.121	2H-2210/ *2N-4044

223	3	ntg gtt	Medication in flight-medication	1	1.121	2N-4150/ *2N-4044
223	3	atropine	Medication in flight-medication	1	1.121	2N-4040/ 2N-4150
223	3	Dose	Medication in flight	1	1.121	2N-4040/ 2N-4150
223	3	Route	Medication in flight	1	1.121	2N-4200
223	3	Effect- minimal pain	Medication in flight	1	1.13	
223	3	Oral intake	Intake/output	0		
223	3	NG intake	Intake/output	0		
223	3	Blood product intake	Intake/output	0		
223	3	Urine output	Intake/output	0		
223	3	NG output	Intake/output	0		
223	3	Emesis output	Intake/output	0		
223	3	Estimated blood loss	Intake/output	0		
223	3	L arm	IV fluid/ IV drip medication	1	1.121	2N-4200
223	3	NS	IV fluid/ IV drip medication-solution/drug	1	1.121	2N-4200
223	3	ntg gtt "increase"	IV fluid/ IV drip medication-solution/drug	1	1.12	2N-4150/ *2N-4044
223	3	NS- turn off	IV fluid/ IV drip medication-solution/drug	1	1.12	2N-4200
223	3	Rate	IV fluid/ IV drip medication	1	1.12	2N-4200
223	3	Actual dose	IV fluid/ IV drip medication	1	1.12	2N-4150/ *2N-4044
223	3	Preflight volume	IV fluid/ IV drip medication	0		
223	3	Credit volume	IV fluid/ IV drip medication	0		
223	3	Before air ambulance oxygen	Aid to patient	0		
223	3	Before air ambulance control bleeding	Aid to patient	0		
223	3	Before air ambulance bandaging	Aid to patient	0		

223	3	Before air ambulance cleared airway	Aid to patient	0		
223	3	Before air ambulance spinal immobilization	Aid to patient	0		
223	3	Before air ambulance anti-shock	Aid to patient	0		
223	3	Before air ambulance splinting	Aid to patient	0		
223	3	Before air ambulance extrication	Aid to patient	0		
223	3	Before air ambulance artificial respiration	Aid to patient	0		
223	3	Before air ambulance CPR	Aid to patient	0		
223	3	Before air ambulance traction applied	Aid to patient	0		
223	3	Before air ambulance patient restraints	Aid to patient	0		
223	3	Before air ambulance OB related	Aid to patient	0		
223	3	Before air ambulance suction	Aid to patient	0		
223	3	Before air ambulance medications	Aid to patient	0		
223	3	Before air ambulance chest tube	Aid to patient	0		
223	3	Before air ambulance endotracheal tube	Aid to patient	0		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	Before air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance oxygen	Aid to patient	1	1.12	2K-3320

223	3	By air ambulance control bleeding	Aid to patient	1	1.12	2N-4020
223	3	By air ambulance bandaging	Aid to patient	1	1.12	2L-3660
223	3	By air ambulance cleared airway	Aid to patient	1	1.12	*2K-3140
223	3	By air ambulance spinal immobilization	Aid to patient	1	1.12	4U-6200
223	3	By air ambulance anti-shock	Aid to patient	1	1.12	2N-4258/ 4U-6200
223	3	By air ambulance splinting	Aid to patient	1	1.12	1C-0910
223	3	By air ambulance extrication	Aid to patient	1	1.12	4U-6200
223	3	By air ambulance artificial respiration	Aid to patient	1	1.12	2K-3180
223	3	By air ambulance CPR	Aid to patient	1	1.12	4U-6140/ 4U-6200
223	3	By air ambulance traction applied	Aid to patient	1	1.12	4U-6200
223	3	By air ambulance patient restraints	Aid to patient	1	1.12	4V-6486/ 4V-6580
223	3	By air ambulance suction	Aid to patient	1	1.12	2K-3160
223	3	By air ambulance medications	Aid to patient	1	1.12	2H-2305
223	3	By air ambulance chest tube	Aid to patient	1	1.12	*2K-1872
223	3	By air ambulance endotracheal tube	Aid to patient	1	1.12	2K-3120
223	3	By air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance "illeg"	Aid to patient	2		
223	3	By air ambulance "illeg"	Aid to patient	2		

223	3	Graphic EKG strip	Patient "illeg"	0			
223	3	Respiratory	Patient "illeg"	0			
223	3	Cardiac prot	Patient "illeg"	0			
223	3	Allergic reaction	Patient "illeg"	0			
223	3	In shock	Patient "illeg"	0			
223	3	Unconscious	Patient "illeg"	0			
223	3	Incoherence	Patient "illeg"	0			
223	3	Convulsion	Patient "illeg"	0			
223	3	Abdominal "illeg"	Patient "illeg"	2			
223	3	Diabetic "illeg"	Patient "illeg"	2			
223	3	Poison "illeg"	Patient "illeg"	2			
223	3	Exposure-13 (heat, cold)	Patient "illeg"	0			
223	3	OB/GYN	Patient "illeg"	0			
223	3	Neonatal	Patient "illeg"	0			
223	3	Drug abuse	Patient "illeg"	0			
223	3	Alcohol abuse	Patient "illeg"	0			
223	3	Mental disturbance	Patient "illeg"	0			
223	3	CVA (Stroke)	Patient "illeg"	0			
223	3	Paralysis	Patient "illeg"	0			
223	3	Hemorrhaging (non-traumatic)	Patient "illeg"	0			
223	3	Trauma/burn	Patient "illeg"	0			
223	3	Apparent death	Patient "illeg"	0			
223	3	Other	Patient "illeg"	0			
223	3	Body graphic		0			
223	3	Burn	Trauma	0			
223	3	Head/Neuro	Trauma	0			
223	3	Multi system	Trauma	0			
223	3	Non-penetrating	Trauma	0			
223	3	Penetrating	Trauma	0			
223	3	Spinal injury	Trauma	0			
223	3	Other	Trauma	0			
223	3	At transfer of care: stable	Status of patient	1	1.13		
223	3	Report to		1	1.12		6b-7960
223	3	Location: ICU		1	1.35		
223	3	ECG finding: NS "with" PVC's	Telemetry/ "illeg"	0			
223	3	ECG finding: "third" "degree" block	Telemetry/ "illeg"	0			

223	3	Thrombolytic administration by	Standardized procedures used	1	1.12	*2N-4044
223	3	Surgical cricothyrotomy by	Standardized procedures used	1	1.12	*2K-3120
223	3	Nasal intubation by	Standardized procedures used	1	1.12	2K-3120
223	3	External jugular IV by	Standardized procedures used	1	1.12	2N-4190
223	3	Rapid sequence intubation	Standardized procedures used	1	1.12	2K-3120
223	3	Needle cricothyroidotomy by	Standardized procedures used	1	1.12	*2K-3120
223	3	Needle thoracostomy by	Standardized procedures used	1	1.12	*2K-1872
223	3	Oral endotracheal intubation by	Standardized procedures used	1	1.12	2K-3120
223	3	Intraosseous by	Standardized procedures used	1	1.12	2H-2303
223	3	Consents		0		
223	3	Restraints		0		
223	3	Pt. briefed		0		
223	3	Paperwork		0		
223	3	X-ray		0		
223	3	Other		0		
223	3	Radio	Method of contact with medical	0		
223	3	Phone	Method of contact with medical	0		
223	3	Phone-patch	Method of contact with medical	0		
223	3	N/A	Method of contact with medical	0		
223	3	APCOR	Method of contact with medical	0		
223	3	Physician	Who provided care instructions enrout?	0		
223	3	Nurse	Who provided care instructions enrout?	0		
223	3	Other	Who provided care instructions enrout?	0		
224	3	Age		0		
224	3	M		1	1.27	

224	3	F		1	1.27
224	3	Chocolate	Allergies	0	
224	3	mushroom	Allergies	0	
224	3	ASA	Allergies	0	
224	3	MS	Allergies	0	
224	3	Sulfa	Allergies	0	
224	3	PCN	Allergies	0	
224	3	Unstable angina	Diagnosis	0	
224	3	Procardia	Medication	0	
224	3	Capoten	Medication	0	
224	3	Tenormin	Medication	0	
224	3	PO	Intake	0	
224	3	IV	Intake	0	
224	3	Blood	Intake	0	
224	3	Total	Intake	0	
224	3	Urine	Output	0	
224	3	EBL	Output	0	
224	3	Gastric	Output	0	
224	3	Total	Output	0	
224	3	Hospitalized 2 weeks ago for chest pain	Medical history	0	
224	3	No "change" in rhythms EKG	Medical history	0	
224	3	Returned yesterday for same symptoms	Medical history	0	
224	3	"and" dizziness	Medical history	0	
224	3	Flunked Thallium scan	Medical history	0	
224	3	Biochem-essentially "negative"	Pertinent Lab data	0	
224	3	PT-12.6 (12.7)	Pertinent Lab data	0	
224	3	"and" PTT-31.1	Pertinent Lab data	0	
224	3	Eyes	Glasgow scale	0	
224	3	Motor	Glasgow scale	0	
224	3	Verbal	Glasgow scale	0	
224	3	Total	Glasgow scale	0	
224	3	Resp. rate	Trauma score	0	
224	3	Expansion	Trauma score	0	
224	3	Sys. BP	Trauma score	0	
224	3	Cap refill	Trauma score	0	
224	3	GCS	Trauma score	0	
224	3	Total	Trauma score	0	
224	3	React	Pupils	0	

224	3	Fix/dil	Pupils	0		
224	3	Anisocoria	Pupils	0		
224	3	Size in MM-OS	Pupils	0		
224	3	Size in MM-OD	Pupils	0		
224	3	X-rays	Transport w/ Pt	0		
224	3	Hospital lab	Transport w/ Pt	0		
224	3	Family member	Transport w/ Pt	0		
224	3	Patient chart	Transport w/ Pt	0		
224	3	W/ patient	Disposition of valuables	0		
224	3	ED department	Disposition of valuables	0		
224	3	Friend	Disposition of valuables	0		
224	3	Family	Disposition of valuables	0		
224	3	ICU/CCU	Disposition of valuables	0		
224	3	Not received	Disposition of valuables	0		
224	3	Rhythm strips on reverse "yes"		0		
224	3	Origin	Hospital/facility	0		
224	3	City	Hospital/facility	0		
224	3	State	Hospital/facility	0		
224	3	Destination	Hospital/facility	0		
224	3	City	Hospital/facility	0		
224	3	State	Hospital/facility	0		
224	3	Sending	Physician	0		
224	3	Receiving	Physician	0		
224	3	Spotanous	Ventilation	0		
224	3	Assisted ventilation	Ventilation	1	1.12	2K-3300
224	3	Oral airway	Ventilation	1	1.12	2K-3120
224	3	Nasal airway	Ventilation	1	1.12	2K-3120
224	3	Cannula	Ventilation	1	1.12	2K-3320
224	3	Mask	Ventilation	1	1.12	2K-3320
224	3	Non rebreather	Ventilation	1	1.12	2K-3320
224	3	BAG/valve/mask	Ventilation	1	1.12	4U-6320
224	3	Intubation-oral	Ventilation	1	1.12	2K-3120
224	3	Intubation-nasal	Ventilation	1	1.12	2K-3120
224	3	Intubation-size	Ventilation	1	1.12	2K-3120
224	3	Oxygen	Ventilation	1	1.12	2K-3320

224	3	Respirator-TV	Ventilation	1	1.12	2.K-3300
224	3	Respirator-rate	Ventilation	0		
224	3	N/G	Equipment	1	1.12	1D-1080
224	3	Foley	Equipment	1	1.12	1B-0580/ 2N-4150
224	3	Traction	Equipment	1	1.12	4U-6200
224	3	Splint	Equipment	1	1.12	1C-0910
224	3	Restraints 2	Equipment	1	1.12	4V-6486/ 4V-6580
224	3	Restrains 4	Equipment	1	1.12	4V-6486/ 4V-6580
224	3	Immobilization-sand bag	Equipment	1	1.12	4U-6200
224	3	Immobilization-Tape	Equipment	1	1.12	4U-6200
224	3	Immobilization-C Collar	Equipment	1	1.12	4U-6200
224	3	Mast trousers-applied	Equipment	1	1.12	2N-4258/ 4U-6200
224	3	Mast trousers-inflated	Equipment	1	1.12	2N-4258/ 4U-6200
224	3	Control bleeding	Equipment	1	1.12	2N-4020
224	3	Suctioned X	Equipment	1	1.12	2K-3160
224	3	ML		0		
224	3	L NS "with" 50mg Tridil titrate (39cc=110Mcg)	IV Sol/Med	1	1.12	2N-4150/ *2N-4044
224	3	NS "with" 25,000 units Heparin @ 500u/hrs = 10cc (dial-a flow)	IV Sol/Med	1	1.12	2N-4060
224	3	Rate		1	1.12	2N-4060
224	3	L arm	Site	1	1.12	2N-4200
224	3	R arm	Site	1	1.12	2N-4200
224	3	Medication-None	Medication	1	1.12	2H-2305
224	3	Dosage	Medication	1	1.12	2H-2305
224	3	Route	Medication	1	1.12	2H-2305
224	3	B/P		0		
224	3	Pulse		0		
224	3	Resp.		0		
224	3	O2 sate		0		
224	3	Pulse OX		1	1.12	2K-3350

224	3	Received this 77 year old	Narrative	0		
224	3	cauc.	Narrative	1	1.28	
224	3	male	Narrative	1	1.27	
224	3	into my care at this time in ICU-60A	Narrative	0		
224	3	for transport to porters Hospital	Narrative	1	1.35	
224	3	for evaluation of chest pain	Narrative	0		
224	3	not responsive to therapy	Narrative	0		
224	3	and unsats. Thallium scan results	Narrative	0		
224	3	AAO X 3	Narrative	0		
224	3	Color pale	Narrative	0		
224	3	Resp. easy	Narrative	0		
224	3	Lung clear	Narrative	0		
224	3	CPC 3 M	Narrative	0		
224	3	Scale of 1-10 unresponsive to tridil drip titration	Narrative	0		
224	3	Abd soft "and" non-distended	Narrative	0		
224	3	Pelvis and back "negative"	Narrative	0		
224	3	Upper ext. Show bilat.	Narrative	0		
224	3	IV sites-3rd IV found to be infiltrated and D/C'd	Narrative	0		
224	3	Lower cxt "negative"	Narrative	0		
224	3	No pedal edema	Narrative	0		
224	3	Monitor shows NSR "to" SB "with" occas. PVC	Narrative	0		
224	3	Tridil "and" Heparin drips maintained	Narrative	0		
224	3	Preparing for transport	Narrative	1	1.12	1C-0960
224	3	Enroute to airport via ground transport "and" ambulance	Narrative	1	1.12	1C-0960
224	3	No changes	Narrative	0		

224	3	Approx. 20sec run of trigeminy noted	Narrative	0		
224	3	Asymptomatic	Narrative	0		
224	3	Touch down	Narrative	0		
224	3	Centennial airport or AMR not yet here	Narrative	0		
224	3	Enrout to by ground transport ambulance	Narrative	1	1.12	1C-0960
224	3	Doing well	Narrative	1	1.13	
224	3	Received in ICU	Narrative	1	1.35	
224	3	EKG rhythm strips		0		
227	1	Type		0		
227	1	Vehicle	Type	0		
227	1	Age		0		
227	1	DOB		1	1.26	
227	1	Date		1	1.33	
227	1	Weight		0		
227	1	Flight #		1	1.31	
227	1	Tail #		0		
227	1	Transport received time	Response information	0		
227	1	Team notified time	Response information	0		
227	1	Pilot notified time	Response information	0		
227	1	Pilot accepts time	Response information	0		
227	1	Team airlift time	Response information	0		
227	1	Arrive time	Response information	0		
227	1	Depart time	Response information	0		
227	1	Arrive time	Response information	0		
227	1	Depart time	Response information	0		
227	1	Arrive time	Response information	0		
227	1	Arrive *** Hospital time	Response information	0		
227	1	Nurse	Transport personnel	0		

227	1	Medic	Transport personnel	0			
227	1	Other	Transport personnel	0			
227	1	Pilot	Transport personnel	0			
227	1	Pilot MD directing	Transport personnel	0			
227	1	Referral facility	Transfer	0			
227	1	Referral Ph.No.	Transfer	0			
227	1	Referral M.D.	Transfer	0			
227	1	Referral R.N.	Transfer	0			
227	1	Receiving facility	Transfer	1	1.35		
227	1	Receiving M.D.	Transfer	0			
227	1	Eye opening 4	Assessment	0			
227	1	Verbal response 5	Assessment	0			
227	1	Motor response 6	Assessment	0			
227	1	L pupil size 3	Assessment-pupil	0			
227	1	L pupil Rxn- react to light	Assessment-pupil	0			
227	1	R pupil size 3	Assessment-pupil	0			
227	1	R pupil Rxn- react to light	Assessment-pupil	0			
227	1	Resp "check" if assisted	Assessment	0			
227	1	Breath sound - clear = Bilat	Assessment	0			
227	1	Airway/O2 - 4L via Nasal can.	Assessment	0			
227	1	Pulse	Assessment	0			
227	1	Cardiac rhythm - Brady "to" A Fib "with" PVC's	Assessment	0			
227	1	BP - unable	Assessment	0			
227	1	Skin-warm/slight "illeg" gray in color	Assessment	0			
227	1	to Pink upon ER arrival	Assessment	0			
227	1	Ventilator: T.V./Rate	Assessment	0			
227	1	ETS/NTS/NG suction	Assessment	0			
227	1	Site-Lt Arm	IV fluids / IV drip medication	1		1.121	2N-4200
227	1	Site-Rt Arm	IV fluids / IV drip medication	1		1.121	2N-4200
227	1	Size	IV fluids / IV drip medication	1		1.121	2N-4200

227	1	Solution/drug-1/2 NS	IV fluids / IV drip medication	1	1.121	2N-4200
227	1	Solution/drug-NS	IV fluids / IV drip medication	1	1.121	2N-4200
227	1	Solution/drug-Nitro. DC'd upon our arrival	IV fluids / IV drip medication	0		
227	1	Solution/drug-Dopamine	IV fluids / IV drip medication	1	1.121	2N-4150
227	1	Solution/drug-TPA	IV fluids / IV drip medication	1	1.121	*2N-4044
227	1	Rate	IV fluids / IV drip medication	1	1.121	2N-4200
227	1	Actual dose	IV fluids / IV drip medication	1	1.121	2H-2305
227	1	Total	IV fluids / IV drip medication	0		
227	1	Medication "none"	Medication in flight	1	1.12	2H-2305
227	1	Dose	Medication in flight	1	1.12	2H-2305
227	1	Route	Medication in flight	1	1.12	2H-2305
227	1	Site	Medication in flight	1	1.12	2H-2305
227	1	Effect	Medication in flight	1	1.12	2H-2305
227	1	Init	Team procedure	0		
227	1	Restraints	Team procedure	1	1.12	4V-6486/ 4V-6580
227	1	Safety traps	Team procedure	1	1.12	4V-6486
227	1	NG size	Team procedure	1	1.12	1D-1080
227	1	Foley size-16	Team procedure	1	1.121	1B-0580/ 2N-4150
227	1	ETT/NTT size	Team procedure	1	1.12	2K-3120
227	1	Chest tube #	Team procedure	1	1.12	*2K-1872
227	1	Defib/Cardio	Team procedure	1	1.12	2N-4040/ 4U-6140
227	1	CPR	Team procedure	1	1.12	4U-6140/ 4U-6200
227	1	Pacemaker	Team procedure	1	1.12	2N-4150/ 2N-4090/ 2N-4040
227	1	IABP	Team procedure	1	1.12	2N-4254/ 2N-4064
227	1	Mast pants	Team procedure	1	1.12	2N-4258/ 4U-6200

227	1	Spinal immob	Team procedure	1	1.12	4U-6200
227	1	Preflight oral intake	Intake / Output-Intake	0		
227	1	Preflight NG intake	Intake / Output-Intake	0		
227	1	Preflight IV intake	Intake / Output-Intake	0		
227	1	Preflight blood products	Intake / Output-Intake	0		
227	1	Inflight oral intake	Intake / Output-Intake	0		
227	1	Inflight NG intake	Intake / Output-Intake	0		
227	1	Inflight IV intake	Intake / Output-Intake	0		
227	1	Inflight blood products	Intake / Output-Intake	0		
227	1	Oral intake total	Intake / Output-Intake	0		
227	1	NG intake total	Intake / Output-Intake	0		
227	1	IV intake total	Intake / Output-Intake	0		
227	1	Blood product intake	Intake / Output-Intake	0		
227	1	Preflight Urine output	Intake / Output-Output	0		
227	1	Preflight NG output	Intake / Output-Output	0		
227	1	Preflight Emesis output	Intake / Output-Output	0		
227	1	Preflight estimated blood loss output	Intake / Output-Output	0		
227	1	Inflight Urine output	Intake / Output-Output	0		
227	1	Inflight NG output	Intake / Output-Output	0		
227	1	Inflight Emesis output	Intake / Output-Output	0		
227	1	Inflight estimated blood loss output	Intake / Output-Output	0		

227	1	Urine output total	Intake / Output-Output	0		
227	1	NG output total	Intake / Output-Output	0		
227	1	Emesis output total	Intake / Output-Output	0		
227	1	Estimated blood loss output total	Intake / Output-Output	0		
227	1	Trauma code: no		0		
227	1	Time requested		0		
227	1	Post transfer status		0		
227	1	Pt. disposition- ER#34		1	1.35	
227	1	Report to		1	1.12	6b-7960
227	1	Pt. has a 2 day Hx of CP/CHF	Referral information	0		
227	1	had been in to see MD 2 days ago	Referral information	0		
227	1	was given Lasix which improved her condition	Referral information	0		
227	1	today at 1600hrs CP returned and would not go away	Referral information	0		
227	1	Pt. brought to Hosp. by ambulance	Referral information	0		
227	1	Pt. seen in ER	Referral	0		
227	1	and diagnosed "with" AMI	Referral information	0		
227	1	Sulfa	Referral information-	0		
227	1	E-mycin ?	Referral information-	0		
227	1	Proventil	Referral information-	0		
227	1	Lasix	Referral information-	0		
227	1	Vasotec	Referral information-	0		
227	1	ASA	Referral information-	0		
227	1	Minctra	Referral information-	0		

227	1	Family: Driving to	Referral	0		
227	1	Belongs: "with" family	Referral	0		
227	1	Started on TPA Protocol as well as drips documented	Transport notes	1	1.121	*2N-4044
227	1	upon our arrival pt was AIPV	Transport notes	0		
227	1	OX3	Transport notes	0		
227	1	CP a 1 or 2 on 1-5 scale	Transport notes	0		
227	1	Substernal non-radiating	Transport notes	0		
227	1	Pts rhythm is brady cardiac "with" PVC's	Transport notes	0		
227	1	BP is low	Transport notes	0		
227	1	We "increase" dopamine from 2mics to 3 mics	Transport notes	1	1.12	2N-4150
227	1	and initiated a 200cc bolus of NS which improved pts pulse	Transport notes	1	1.12	2N-4200
227	1	but we were not able to get blood pressure enroute	Transport notes	0		
227	1	Pts color improved "with" time	Transport notes	0		
227	1	and approx.. 10 min out of landing pts CP was gone	Transport notes	0		
227	1	But she began experiencing back pain	Transport notes	0		
227	1	Upper back hurt	Transport notes	0		
227	1	Upon ER arrival pts BP was "increased" to 120/90	Transport notes	0		
227	1	and pt. states she "feel better"	Transport notes	0		
227	1	ending in an A-Fib	Transport notes	0		
227	1	with 1-5 PVC's per min. which were multifocol in nature		0		

227	1	pt. also seems less anxious and more comfortable	Transport notes	0	
227	1	Name		0	
227	1	Address		1	1.29
227	1	City		1	1.29
227	1	State		1	1.29
227	1	Zip		1	1.29
227	1	Telephone		0	
227	1	Insurance		1	1.36
227	1	Team signature		0	
234	4	call rec'd	time information	0	
234	4	Alert	time information	0	
234	4	Dep	time information	0	
234	4	Arr	time information	0	
234	4	Dep	time information	0	
234	4	Arr	time information	0	
234	4	Pilot		0	
234	4	FN		0	
234	4	FM		0	
234	4	Date		0	
234	4	Weather		0	
234	4	Miles		0	
234	4	Req Agency		0	
234	4	Req MD		0	
234	4	Pt Location		0	
234	4	Receiving Hosp		1	1.35
234	4	Receiving MD		0	
234	4	name	patient information	0	
234	4	address	patient information	1	1.29
234	4	city	patient information	1	1.29
234	4	state	patient information	1	1.29
234	4	DOB	patient information	1	1.26
234	4	age	patient information	0	
234	4	phone	patient information	0	
234	4	closest relative	patient information	0	
234	4	relationship	patient information	0	
234	4	ss#	patient information	1	1.25
234	4	allergies	patient information	0	
234	4	spont	Resp Status	0	
234	4	assist	Resp Status	0	
234	4	O2 liters	Resp Status	0	

234	4	mask	Resp Status	0
234	4	cannula	Resp Status	0
234	4	ambu	Resp Status	0
234	4	vent	Resp Status	0
234	4	N	airway	0
234	4	O	airway	0
234	4	ET#	airway	0
234	4	BS "decreased" RLL	chest	0
234	4	"with" crackles bilaterally	chest	0
234	4	thick tan secretions through trach tube	chest	0
234	4	chest expansion equal	chest	0
234	4	c/o chest pain	chest	0
234	4	radiating to shoulder	chest	0
234	4	and down L arm	chest	0
234	4	no eternal trauma	chest	0
234	4	or tracheas deviation	chest	0
234	4	capillary refill < 2 sec	circulation	0
234	4	"positive" 3 peripheral pulses	circulation	0
234	4	no external hemorrhage	circulation	0
234	4	no pedal edema	circulation	0
234	4	ST	EKG	0
234	4	90-110	EKG	0
234	4	"with" occasional PVC (unifocal)	EKG	0
234	4	monitored in LDII	EKG	0
234	4	strip obtained at ***	EKG	0
234	4	GCS 15	LOC/neuro	0
234	4	MAE	LOC/neuro	0
234	4	"except" R sided hemiparesis	LOC/neuro	0
234	4	from previous CVA	LOC/neuro	0
234	4	pt stated he had no sensations down R side fo body	LOC/neuro	0
234	4	pt fully alert	LOC/neuro	0
234	4	oriented to person, place, event	LOC/neuro	0
234	4	normocephalic	head	0

234	4	"without" complaint	head	0		
234	4	PERL	EENT	0		
234	4	pink mucosa	EENT	0		
234	4	tracheotomy tube in place	EENT	0		
234	4	"with" trach mask in place	EENT	0		
234	4	for O2 administration	EENT	0		
234	4	normal	Spine	0		
234	4	"without" complaint	Spine	0		
234	4	"positive" 3 peripheral pulses	Extremities	0		
234	4	decubitus ulcer covered by kerlix L lower extremity	Extremities	0		
234	4	"no" pedal edema	Extremities	0		
234	4	soft	ABD	0		
234	4	nontender	ABD	0		
234	4	"no" distension	ABD	0		
234	4	or c/o discomfort noted	ABD	0		
234	4	intact	Pelvis	0		
234	4	"without" complaint	Pelvis	0		
234	4	#16 foley catheter in place	GU	0		
234	4	"with" clear yellow urine output	GU	0		
234	4	pale	Skin	0		
234	4	cool	Skin	0		
234	4	clammy	Skin	0		
234	4	eye opening 1	glasco coma scale	0		
234	4	eye opening 2	glasco coma scale	0		
234	4	verbal response 1	glasco coma scale	0		
234	4	verbal response 2	glasco coma scale	0		
234	4	motor response 1	glasco coma scale	0		
234	4	motor response 2	glasco coma scale	0		
234	4	glascow coma score	glasco coma scale	0		
234	4	BP		0		
234	4	P	BP	0		
234	4	SaO2	BP	0		
234	4	Heparin	IVs	1	1.121	2N-4060
234	4	L wrist 18 gauge	IVs	1	1.121	2N-4200

234	4	D5NS	IVs	1	1.121	2N-4200
234	4	L "upper" FA 18 gauge	IVs	1	1.121	2N-4200
234	4	Saline lock	IVs	1	1.121	2N-4200
234	4	L FA 18 gauge	IVs	1	1.121	2N-4200
234	4	crystalloid	intake	0		
234	4	colloid	intake	0		
234	4	blood	intake	0		
234	4	urine	output	0		
234	4	emesis	output	0		
234	4	NG	output	0		
234	4	other	output	0		
234	4	foley	output	0		
234	4	ASA 5gr po	Medication	0		
234	4	Lopressor 15mg IV	Medication	1	1.121	2N-4150
234	4	Heparin bolus 5000u IVP	Medication	1	1.121	2N-4060
234	4	NTG x2 0.4 SL	Medication	0		
234	4	NTG gtt 20mcg/min	Medication	1	1.12	2N-4150/ *2N-4044
234	4	Heparin gtt 1000u/hr	Medication	1	1.12	2N-4060
234	4	TPA bolus 15mg IV	Medication	1	1.121	*2N-4044
234	4	TPA 50mg over .5 hr	Medication	1	1.121	*2N-4044
234	4	TPA 35mg over 1 hr	Medication	1	1.121	*2N-4044
234	4	Heparin 25000u/250cc NS	Medication	1	1.12	2N-4060
234	4	Tridil 25mg/250cc D5W	Medication	1	1.12	2N-4150/ *2N-4044
234	4	r/o AMI	DX	0		
234	4	RN signature		0		
234	4	EMT-P signature		0		
234	4	rhythm strip		0		
234	4	r/o AMI	chief complaint	0		
234	4	MI	PMH	0		
234	4	CVA	PMH	0		
234	4	DM	PMH	0		
234	4	HTN	PMH	0		

234	4	hx chest pain on Thursday	HPI	0
234	4	lasting 3-4hrs	HPI	0
234	4	"with" no relief from NTG	HPI	0
234	4	at approx. 0300 today had onset again of chest pain	HPI	0
234	4	radiating to neck, shoulder & down L arm	HPI	0
234	4	CP was accompanied "with" SOB, diaphoresis & nausea	HPI	0
234	4	into ER around 0545	HPI	0
234	4	noted to have elevated enzymes	HPI	0
234	4	(ck, mb)	HPI	0
234	4	"with" ST "increase" in ant & lat lds	HPI	0
234	4	rated pain 9/10	HPI	0
234	4	c/o chest pain	Status upon arrival of flight crew	0
234	4	rating it 4/10	Status upon arrival of flight crew	0
234	4	c/o moderate SOB	Status upon arrival of flight crew	0
234	4	remains diaphoretic	Status upon arrival of flight crew	0
234	4	on O2 per mask	Status upon arrival of flight crew	0
234	4	at 35%	Status upon arrival of flight crew	0
234	4	"with" O2 sat > 95%	Status upon arrival of flight crew	0
234	4	IV LR "with" 40me K+ being administered	Status upon arrival of flight crew	0
234	4	NTG at 20mcg/min	Status upon arrival of flight crew	0
234	4	heparin at 1000 u/hr	Status upon arrival of flight crew	0

234	4	EKG s-tach 100-110	Status upon arrival of flight crew	0		
234	4	"with" occasional PVC	Status upon arrival of flight crew	0		
234	4	foley cath maintained dependent drainage	Status upon arrival of flight crew	0		
234	4	TPA finished PTA	Status upon arrival of flight crew	0		
234	4	"with" no reported signs of reperfusion	Status upon arrival of flight crew	0		
234	4	cold load to HL	Status upon arrival of flight crew	1	1.12	1C-0960
234	4	"with" all straps secured	Status upon arrival of flight crew	1	1.12	4V-6486
234	4	chest pain "increased" to 7/10	In flight status	0		
234	4	NTG "increased" to 25mcg/min	In flight status	1	1.12	2N-4150/ *2N-4044
234	4	"with" pain consequently decreasing to a 4 again	In flight status	0		
234	4	heparin administered via pump @ 1000cc/hr	In flight status	1	1.12	2N-4060
234	4	EKG s-tach 90-110	In flight status	0		
234	4	"with" occasional PVC	In flight status	0		
234	4	O2 trach mask 5l/min	In flight status	1	1.12	2K-3320
234	4	"with" O2 sat >97%	In flight status	0		
234	4	maintain foley catheter to dependent drainage	In flight status	0		
234	4	maintain IV LR "with" 40K gravity gtt	In flight status	1	1.12	2N-4200
234	4	VS monitored via auto BP machine	In flight status	1	1.12	4V-6680
234	4	cold offload to ***	In flight status	1	1.12	1C-0960
234	4	none requested	order req/rec'd	0		
234	4	none received	order req/rec'd	0		
234	4	1 monitor LOC	interventions	1	1.12	4U-6200
234	4	2 monitor resp status	interventions	1	1.12	4V-6680

234	4	3 humidified O2 tracheotomy mask 5L at 35%	interventions	1	1.12	2K-3320
234	4	4 monitor VS via auto BP machine	interventions	1	1.12	4V-6680
234	4	5 monitor EKG for rate, rhythm, ectopy	interventions	1	1.12	2N-4090/ 2N-4044
234	4	6 maintain x3 Ivs 18ga	interventions	1	1.12	2N-4200
234	4	7 heparin gtt via pump	interventions	1	1.12	2N-4060
234	4	8 NTG gtt via pump	interventions	1	1.12	2N-4150/ *2N-4044
234	4	9 maintain foley cath dependent drainage	interventions	1	1.12	1B-0580/ 2N-4150
234	4	10 info to ***	interventions	1	1.12	6b-7960
234	4	11 cold offload	interventions	1	1.12	1C-0960
234	4	12 report given to ICU RN	interventions	1	1.12	6b-7960
234	4	13 chart & x-rays left "with" staff	interventions	0		
234	4	none "with" pt	valuables	0		
234	4	flight nurse signature		0		
234	4	flight paramedic signature		0		
235	1	cp-chest discomfort/pain (car	treatment protocol	0		
235	1	medical rec #		1	1.31	
235	1	Date		1	1.33	
235	1	case No		0		
235	1	county of incident		0		
235	1	call type		0		
235	1	name	Patient Information	0		
235	1	address	Patient Information	1	1.29	
235	1	state	Patient Information	1	1.29	
235	1	zip	Patient Information	1	1.29	
235	1	age	Patient Information	0		
235	1	sex	Patient Information	1	1.27	
235	1	weight Kg	Patient Information	0		
235	1	Date of Birth	Patient Information	1	1.26	
235	1	ssn	Patient Information	1	1.25	
235	1	incident location	scene information	0		
235	1	disposition	scene information	1	1.35	

235	1	mode of transport	scene information	0	
235	1	unit #	mode of transport	1	1.31
235	1	call authorization	scene information	0	
235	1	radio protocol	scene information	0	
235	1	destination	provider information	0	
235	1	base hospital	provider information	0	
235	1	provider	provider information	0	
235	1	transport provider	provider information	0	
235	1	chest discomfort/pain	reason for aid request	0	
235	1	mechanism of injury		0	
235	1	first responder agency		0	
235	1	chest pain	chief complaint	0	
235	1	GCS#		0	
235	1	to	transport code	0	
235	1	from	transport code	0	
235	1	WNL head/face	body system	0	
235	1	ABN head/face	body system	0	
235	1	WNL neck	body system	0	
235	1	ABN neck	body system	0	
235	1	WNL chest	body system	0	
235	1	ABN chest	body system	0	
235	1	WNL abdomen	body system	0	
235	1	ABN abdomen	body system	0	
235	1	WNL neck/spine	body system	0	
235	1	ABN neck/spine	body system	0	
235	1	WNL pelvis	body system	0	
235	1	ABN pelvis	body system	0	
235	1	WNL extremities	body system	0	
235	1	ABN extremities	body system	0	
235	1	L-pupil mid-position	initial patient assessment	0	
235	1	R-pupil mid-position	initial patient assessment	0	
235	1	cap refill < 2 seconds	initial patient assessment	0	
235	1	Eye Opening spontaneous	initial patient assessment	0	

235	1	skin color normal/pink	initial patient assessment	0	
235	1	skin moisture normal/dry	initial patient assessment	0	
235	1	skin temp warm	initial patient assessment	0	
235	1	verbal response oriented	initial patient assessment	0	
235	1	motor response obeys verbal	initial patient assessment	0	
235	1	clear L	lung sounds	0	
235	1	clear R	lung sounds	0	
235	1	rhonchi L	lung sounds	0	
235	1	rhonchi R	lung sounds	0	
235	1	rales L	lung sounds	0	
235	1	rales R	lung sounds	0	
235	1	wheeze L	lung sounds	0	
235	1	wheeze R	lung sounds	0	
235	1	diminished L	lung sounds	0	
235	1	diminished R	lung sounds	0	
235	1	absent L	lung sounds	0	
235	1	absent R	lung sounds	0	
235	1	unit dispatched		0	
235	1	vehicle enroute		0	
235	1	arrive scene		0	
235	1	departed scene		0	
235	1	arrive destination		0	
235	1	time available		0	
235	1	time canceled		0	
235	1	total mileage		0	
235	1	hosp contact		0	
235	1	pt mileage		0	
235	1	cardiazem	current medications	0	
235	1	none stated	allergies	0	
235	1	requested to transport	comments/HPI	0	
235	1	59 yo male	comments/HPI	1	1.27
235	1	with c/o ant. chest pain	comments/HPI	0	
235	1	onset approx. 1500	comments/HPI	0	
235	1	intermittent	comments/HPI	0	
235	1	reported arrived at *** via ambulance at 2200	comments/HPI	0	

235	1	from local jail with c/o chest pain 8-9/10	comments/HPI	0
235	1	radiating to LT arm and jaw	comments/HPI	0
235	1	assoc. with intermittent SOB	comments/HPI	0
235	1	given NTG spray	comments/HPI	0
235	1	ms 7 mg	comments/HPI	0
235	1	decreasing pain to 7/10	comments/HPI	0
235	1	ms 5mg given at hospital with cont pain	comments/HPI	0
235	1	ntg iv infusion	comments/HPI	0
235	1	history of CAD	comments/HPI	0
235	1	angioplasties times 4	comments/HPI	0
235	1	*** arrives to find patient in ED	comments/HPI	0
235	1	2 IV's NS lac, LH-TKO	comments/HPI	0
235	1	o2 2lnp	comments/HPI	0
235	1	ntg iv infusion at 20mvg/min	comments/HPI	0
235	1	cont to c/o chest pain 5/10	comments/HPI	0
235	1	additional ms 2mg iv given by *** staff	comments/HPI	0
235	1	awake/alert	comments/HPI-neuro	0
235	1	"has" ETOH	comments/HPI-neuro	0
235	1	admits to drinking several beers	comments/HPI-neuro	0
235	1	speech clear	comments/HPI-neuro	0
235	1	nonlabored	comments/HPI-respiratory	0
235	1	lungs clr =	comments/HPI-respiratory	0
235	1	neg. JVD	comments/HPI-respiratory	0
235	1	neg pedal edema	comments/HPI-respiratory	0

235	1	c/o ant chest pain	comments/HPI-cardiac	0			
235	1	with heaviness to LUE	comments/HPI-cardiac	0			
235	1	denies SOB	comments/HPI-cardiac	0			
235	1	HS s1, s2 w/o murmur	comments/HPI-cardiac	0			
235	1	3+ radial pulses	comments/HPI-cardiac	0			
235	1	cm = nsr with rare unifocal PVC's	comments/HPI-cardiac	0			
235	1	denies nausea	comments/HPI- GI	0			
235	1	abd soft nontender on palpation	comments/HPI- GI	0			
235	1	high risk for decreased cardiac perfusion	comments/HPI-problems	0			
235	1	arrhythmia	comments/HPI-problems	0			
235	1	pain	comments/HPI-problems	0			
235	1	anxiety	comments/HPI	0			
235	1	assess	comments/HPI- TX	0			
235	1	explain all procedures	comments/HPI- TX	1	1.12		3T-5820
235	1	cont IV's TKO	comments/HPI- TX	1		1.121	2N-4200
235	1	ntg iv infusion via baxter pump	comments/HPI- TX	1		1.121	2N-4150/ *2N-4044
235	1	o2 2lnp	comments/HPI- TX	1		1.121	2K-3320
235	1	secure to flight litter	comments/HPI- TX	1	1.12		4V-6486
235	1	and into helicopter	comments/HPI- TX	1	1.12		1C-0960
235	1	pain increased to 9/10	comments/HPI- TX	0			
235	1	with restlessness noted enroute	comments/HPI- TX	0			
235	1	ntg infusion titrated to 35mcg/min	comments/HPI- TX	1		1.121	2N-4150/ *2N-4044
235	1	skin remained p/w/d	comments/HPI- TX	1	1.13		
235	1	no change in cardiac monitor	comments/HPI- TX	1	1.13		

235	1	pain decreased to 7/10 upon arrival	comments/HPI- TX	1	1.13	
235	1	report given with medical records and x-rays to ICU staff	comments/HPI- TX	1	1.12	6b-7960
235	1	w/o further changes in condition	comments/HPI- TX	1	1.13	
235	1	B/P		0		
235	1	Pulse		0		
235	1	Pulse character- regular		0		
235	1	Res Rate		0		
235	1	Res character- regular		0		
235	1	O2 Sat		0		
235	1	NSR normal sinus rhythm	ECG character	0		
235	1	rare unifocal PVC	Ectopy	0		
235	1	nitroglycerin (nitro/NG) 20mcg IV	medications administered	1	1.12	2N-4150/ *2N-4044
235	1	improved	response to treatment	1	1.12/ 1.13	2N-4150/ *2N-4044
235	1	Monitor the IV	Procedures	1	1.12	2N-4200
235	1	Oxygen (nasal cannula rate = 2 lpm)	Procedures	1	1.12	2K-3320
235	1	Psych Assist	Procedures	1	1.12	3R-5270
235	1	field save		0		
235	1	improved		0		
235	1	maintained		0		
235	1	unable to determine		0		
235	1	admit		0		
235	1	transfer		0		
235	1	field death		0		
235	1	expired		0		
235	1	EMS case number		0		
235	1	MICN		0		
235	1	Driver		0		
235	1	Primary		0		
235	1	Secondary		0		
235	1	Other		0		
235	1	Base Hospital MD		0		

235	1	Receiving MD		0	
235	1	rhythm strip		0	
236	1	Mo		1	1.33
236	1	Day		1	1.33
236	1	Year		1	1.33
236	1	Day of Week		1	1.33
236	1	Patient Name (last, first, middle)		0	
236	1	Social security number		1	1.25
236	1	home or mailing address		1	1.29
236	1	name responsible party		0	
236	1	DOB		1	1.26
236	1	age		0	
236	1	sex		1	1.27
236	1	phone		0	
236	1	receiving physician		0	
236	1	location		0	
236	1	reason for dispatch		0	
236	1	flight #	Run Information	1	1.31
236	1	A/C I.D. #	Run Information	0	
236	1	R.T. Miles	Run Information	0	
236	1	IFR	Run Information	0	
236	1	VFR	Run Information	0	
236	1	911/dispatch	Call Received	0	
236	1	direct call	Call Received	0	
236	1	other	Call Received	0	
236	1	first Aid	Aid before arrival	0	
236	1	CPR	Aid before arrival	0	
236	1	Extrication	Aid before arrival	0	
236	1	None	Aid before arrival	0	
236	1	police	aid before arrival by	0	
236	1	fire	aid before arrival by	0	
236	1	QRT	aid before arrival by	0	
236	1	Public	aid before arrival by	0	
236	1	Other	aid before arrival by	0	
236	1	wind / scatt clouds	Weather	0	
236	1	Good	Altitude	0	
236	1	Pilot		0	
236	1	LZ		0	

236	1	home/personal residence	Incident site	0			
236	1	farming/logging	Incident site	0			
236	1	industrial place	Incident site	0			
236	1	recreation/sports facility	Incident site	0			
236	1	freeway/highway	Incident site	0			
236	1	city/county street	Incident site	0			
236	1	public bldg	Incident site	0			
236	1	residential institution	Incident site	0			
236	1	other	Incident site	0			
236	1	standby	times	0			
236	1	activate	times	0			
236	1	depart	times	0			
236	1	arrived	times	0			
236	1	depart	times	0			
236	1	arrived	times	0			
236	1	inservice	times	0			
236	1	no past history	past medical history	0			
236	1	heart condition	past medical history	0			
236	1	emphy or lung disorder	past medical history	0			
236	1	cancer	past medical history	0			
236	1	CVA/Stroke	past medical history	0			
236	1	diabetes	past medical history	0			
236	1	hypertension	past medical history	0			
236	1	seizures	past medical history	0			
236	1	unknown	past medical history	0			
236	1	other	past medical history	0			
236	1	general medical	cause	0			
236	1	cardiac	cause	0			
236	1	ortho	cause	0			
236	1	burn	cause	0			
236	1	surgical	cause	0			
236	1	neuro	cause	0			
236	1	occupational	cause	0			
236	1	trauma	cause	0			
236	1	pt exam	procedures	0			
236	1	oxygen	procedures	1		1.121	2K-3320
236	1	suction	procedures	1	1.12		2K-3160
236	1	oral/nasal airway	procedures	1	1.12		2K-3120
236	1	bag valve mask	procedures	1	1.12		4U-6320

236	1	CPR	procedures	1	1.12	4U-6140/ 4U-6200
236	1	PASG/MAST	procedures	1	1.12	2N-4258/ 4U-6200
236	1	Full spinal immo.	procedures	1	1.12	4U-6200
236	1	wound care	procedures	1	1.12	2L-3660
236	1	medications	procedures	1	1.12	2H-2305
236	1	peripheral IV	procedures	1	1.121	2N-4190
236	1	ET	procedures	1	1.121	2K-3120
236	1	ECG	procedures	1	1.121	2N-4090/ 2N-4044
236	1	DC Shock	procedures	1	1.12	2N-4040/ 4U-6140
236	1	Baseline Bloods	procedures	1	1.12	2N-4238
236	1	Pacer	procedures	1	1.121	2N-4150/ 2N-4090/ 2N-4040
236	1	Needle Thorac.	procedures	1	1.12	*2K-1872
236	1	Intra-osseous	procedures	1	1.12	2H-2303
236	1	NG	procedures	1	1.12	1D-1080
236	1	requested by		0		
236	1	medical director		0		
236	1	Ref MD/EMT		0		
236	1	Load		1	1.12	1C-0960
236	1	Unload		1	1.12	1C-0960
236	1	BP		0		
236	1	P		0		
236	1	R		0		
236	1	O2 Sat		0		
236	1	ETCO2		0		
236	1	Dopamine 4U/K/M		1	1.12	2N-4150
236	1	Dopamine 7.5/K/M		1	1.12	2N-4150
236	1	Dopamine 10/K/M		1	1.12	2N-4150
236	1	IV's-site		1	1.12	2N-4200
236	1	IV's-Gauge		1	1.12	2N-4200
236	1	IV's solution		1	1.12	2N-4200
236	1	Intake		0		
236	1	output		0		
236	1	CPK 186		0		
236	1	EKG INF/LAT "changes"		0		

236	1	High grade 3 degree block	rhythm strip	0		
236	1	paralyzed	Glasgow coma scale	0		
236	1	79 yo w		1	1.28	
236	1	85 kg "male"		1	1.27	
236	1	"with" pmhx of IMI		0		
236	1	most recently pt c/o lightheadedness		0		
236	1	was eventually taken to ***		0		
236	1	"with" BP 70/50, HR 33		0		
236	1	pt was given atropine 4.2mg IV		0		
236	1	paced 70/min "with" 50% paced		0		
236	1	given epinephrine per Dr *** request		0		
236	1	pt "changed" rhythm to VT		0		
236	1	given lidocaine 100mg		0		
236	1	then adenosine 6mg IV x2		0		
236	1	"with" no changes		0		
236	1	then was cardioverted		0		
236	1	"changing" rhythm from bigeminy of 40/min to A-fib		0		
236	1	upon arrival fount pt in ER		0		
236	1	paralyzed/intubated		0		
236	1	externally paced "with" 50% capture		0		
236	1	dopamine 5U/K/Min		0		
236	1	skin cold/mottled to dusky "with" distal cyanosis		0		
236	1	pupils reactive =		0		
236	1	nasally intubated L nare "with" 7.0mm ETT		1	1.121	2K-3120

236	1	secured at 21 cm	1		1.121	2K-3120
236	1	neck symm "with" sl. JVD	0			
236	1	cx "with" = clear expansion/exchange including bases	0			
236	1	via assist "with" ambu bag	0			
236	1	abd unremark	0			
236	1	foley in place "with" clear amber urine	0			
236	1	ext's unremarkable	0			
236	1	paralyzed/intubated	0			
236	1	cool to touch	0			
236	1	palpable pulses radially, but weak	0			
236	1	IV's x2	1		1.121	2N-4200
236	1	L/R FA "with" 18g	1		1.121	2N-4200
236	1	N/S 100/hr	1		1.121	2N-4200
236	1	infusing dopamine 4U/K/Min	1		1.121	2N-4150
236	1	pt given anectine	1	1.12		2H-2260
236	1	& Versed 3mg for intubat	1	1.12		2H-2260
236	1	cont "with" airway assist via established ETT	1	1.12		2K-3300
236	1	hypervent 100% O2	1	1.12		2K-3300
236	1	propac monitor placed	1	1.12		2N-4090/ 2N-4044
236	1	monitoring V/S	1	1.12		4V-6680
236	1	& ETCO2 "with" O2 Sat's	1	1.12		2K-3180
236	1	life pak 10 placed	1	1.12		2N-4090/ 2N-4044
236	1	pacemaker initiated at a rate of 70/min "with" MA 85 & 60% capture	1	1.12		2N-4150/ 2N-4090/ 2N-4040
236	1	cont "with" dopamine infusion titrating to SBP	1	1.12		2N-4150

236	1	moved pt to helicopter		1	1.12	1C-0960
236	1	pt capturing 100% "with" SBP "up"		1	1.13	
236	1	peep initiated at 10-12		1	1.12	2K-3300
236	1	NG placed R nare "with" "no" difficulty		1	1.12	1D-1080
236	1	"approx." 400cc lt brown secretions on immediate return		0		
236	1	administered ativan 2mg IV		1	1.12	2H-2260
236	1	"with" pacemaker being turned off		1	1.12	2N-4150/ 2N-4090/ 2N-4040
236	1	pt remaining paralyzed		1	1.13	
236	1	attempted rewarming measures in flight		0		
236	1	released care to cath lab		0		
236	1	r/o inf MI	Clinical Impression	0		
236	1	r/o cardiogenic shock	Clinical Impression	0		
236	1	signature 1		0		
236	1	signature 2		0		
236	1	Allergies		0		
240	2	Patient name		0		
240	2	Social Security		1	1.25	
240	2	Date of Birth		1	1.26	
240	2	Age		0		
240	2	Sex		1	1.27	
240	2	Flight Number		1	1.31	
240	2	Date		1	1.33	
240	2	Address		1	1.29	
240	2	Phone		0		
240	2	Nearest Relative		0		
240	2	Relationship		0		
240	2	Medicare	Insurance Information	1	1.36	
240	2	Medicaid	Insurance Information	1	1.36	
240	2	Other	Insurance Information	1	1.36	

240	2	commercial Insurance	Insurance Information	1	1.36	
240	2	Allergies		0		
240	2	Antivert	Medications	0		
240	2	VSD 1 1/2 yrs ago	Medical History	0		
240	2	Inferior MI	Medical History	0		
240	2	RBBB	Medical History	0		
240	2	Smoker	Medical History	0		
240	2	Patient Location		0		
240	2	Referring Agency		0		
240	2	Ground Crew		0		
240	2	Patient Destination		0		
240	2	Receiving Physician		0		
240	2	Private Physician		0		
240	2	Standby Time		0		
240	2	Call received		0		
240	2	Flight dispatched		0		
240	2	Liftoff		0		
240	2	Touchdown		0		
240	2	Liftoff		0		
240	2	Touchdown		0		
240	2	Scene Time		0		
240	2	Extrication	Scene Info	0		
240	2	Time complete	Scene Info	0		
240	2	Ground Crew @ LZ	Scene Info	0		
240	2	None removed from pt	Disposition of patient valuables	0		
240	2	SVT	Chief complaint	0		
240	2	see narrative	Preflight Patient Report	0		
240	2	Radio Comm: Established with destination PTA	Safety	0		
240	2	Received: Pt. Info	Safety	0		
240	2	Received: LZ Info	Safety	0		
240	2	On-Scene: Adeq. LZ	Safety	0		
240	2	Inter-Hosp: Established Helipad	Safety	0		
240	2	Secured	Safety	0		
240	2	O2 NRB mask	Treatment Rendered	1	1.121	2K-3320

240	2	airway	Treatment Rendered	1	1.12	2K-3120
240	2	spinal immobilization	Treatment Rendered	1	1.12	4U-6200
240	2	MAST	Treatment Rendered	1	1.12	2N-4258/ 4U-6200
240	2	NIBP/Cardiac Monitor	Treatment Rendered	1	1.12	2N-4090/ 2N-4044
240	2	Hemocue	Treatment Rendered	1	1.12	*7
240	2	Splint	Treatment Rendered	1	1.12	1C-0910
240	2	NG tube	Treatment Rendered	1	1.12	1D-1080
240	2	Chest Decompression	Treatment Rendered	1	1.12	*7
240	2	Pulse-Oximetry	Treatment Rendered	1	1.12	2K-3350
240	2	External Pacer	Treatment Rendered	1	1.12	2N-4150/ 2N-4090/ 2N-4040
240	2	CO2 Detector	Treatment Rendered	1	1.12	2K-3180
240	2	Cardioversion	Treatment Rendered	1	1.12	2N-4040/ 4U-6140
240	2	Weather check by pilot	CAC Standards	0		
240	2	O-Negative blood on-board	CAC Standards	0		
240	2	TPA kit on-board	CAC Standards	0		
240	2	Infant seat on-board	CAC Standards	0		
240	2	L/O delay due to:	CAC Standards	0		
240	2	Pt. briefed for flight	CAC Standards	1	1.12	3T-5820
240	2	Secured to cot	CAC Standards	1	1.12	4V-6486
240	2	Patient warmth/comfort	CAC Standards	0		
240	2	Pt. headset/ear protection	CAC Standards	1	1.12	4V-6480/ 4V-6482
240	2	Pt. Weight	CAC Standards	0		
240	2	Transfer papers/x-rays	CAC Standards	0		
240	2	NS 1000cc	Solution	1	1.121	2N-4200
240	2	#18 Cath. L AC	IV Site/cathsize	1	1.121	2N-4200

240	2	KVO	Rate	1		1.121	2N-4200
240	2	Adenocard 18mg IV	Medications	1		1.121	2N-4150
240	2	Lidocaine 100mg IV	Medications	1	1.12		2N-4150
240	2	Lidocaine 50mg IV	Medications	1	1.12		2N-4150
240	2	Phenergan 12.5mg IV	Medications	1	1.12		2N-4044
240	2	Valium 7.5mg IV	Medications	1	1.12		2H-2260
240	2	BP	Vital Signs enroute	0			
240	2	P	Vital Signs enroute	0			
240	2	R	Vital Signs enroute	0			
240	2	Pulse-Ox	Vital Signs enroute	0			
240	2	SVT	Monitor	0			
240	2	IV Fluids	Intake	0			
240	2	Blood	Intake	0			
240	2	Urine	Output	0			
240	2	NG/Emesis	Output	0			
240	2	Other	Output	0			
240	2	Pilot Signature		0			
240	2	Signature of person receiving care		0			
240	2	Medical Crew signature		0			
240	2	t/d at *** football field	Inflight observation notes	0			
240	2	found pt lying supine on stretcher in rear of ambulance	Inflight observation notes	0			
240	2	report from EMT-P & pt	Inflight observation notes	0			
240	2	pt describes prior hx of septal wall rupture "with" repair	Inflight observation notes	0			
240	2	cardiac rhythm requiring	Inflight observation notes	0			
240	2	has not felt well x 3 days	Inflight observation notes	0			
240	2	racing heart rate since Sunday	Inflight observation notes	0			
240	2	shortness of breath & 'couldn't walk' x 1 day	Inflight observation notes	0			
240	2	saw Dr. *** today	Inflight observation notes	0			

240	2	noted to have HR of 180-190	Inflight observation notes	0		
240	2	upon ground crew's arrival pt way cyanotic	Inflight observation notes	0		
240	2	color improved "with" 100% O2	Inflight observation notes	0		
240	2	given adenocard 18mg	Inflight observation notes	0		
240	2	"without" changes	Inflight observation notes	0		
240	2	carotid massage	Inflight observation notes	0		
240	2	"without" change	Inflight observation notes	0		
240	2	EMT-P reports unable to obtain distal pulses or B/P	Inflight observation notes	0		
240	2	on our arrival pt alert & oriented x 3	Inflight observation notes	0		
240	2	denies chest pain	Inflight observation notes	0		
240	2	states SOB improved "with" O2	Inflight observation notes	0		
240	2	PERL	Inflight observation notes	0		
240	2	MAE	Inflight observation notes	0		
240	2	skin light pink, warm & dry	Inflight observation notes	0		
240	2	receiving O2 per NRB mask	Inflight observation notes	1	1.12	2K-3320
240	2	mucous membranes/lips dry	Inflight observation notes	0		
240	2	trachea midline	Inflight observation notes	0		
240	2	no JVD noted	Inflight observation notes	0		
240	2	breath sounds clear & equal bilaterally	Inflight observation notes	0		
240	2	resp sl dyspneic at 32-36 per min	Inflight observation notes	0		

240	2	monitor SVT "with" widened complex at rate of 180-185	Inflight observation notes	0			
240	2	old sternal incision present	Inflight observation notes	0			
240	2	abd round, soft & non-tender to palpation	Inflight observation notes	0			
240	2	radial pulse faint	Inflight observation notes	0			
240	2	corotid pulse bounding	Inflight observation notes	0			
240	2	unable to palpate B/P	Inflight observation notes	0			
240	2	IV of NS to #18 cath L AC	Inflight observation notes	1		1.121	2N-4200
240	2	pt instructed to cough	Inflight observation notes	1	1.12		*2N-4090
240	2	then perform vagal maneuver	Inflight observation notes	1	1.12		*2N-4090
240	2	both "without" change in HR	Inflight observation notes	1	1.12/ 1.13		*2N-4090
240	2	Lidocaine 100mg bolus given	Inflight observation notes	1	1.12		2N-4150
240	2	(widened complex) "without" change	Inflight observation notes	1	1.13		
240	2	pt transferred to A/C stretcher	Inflight observation notes	1	1.12		1C-0960
240	2	& secured	Inflight observation notes	1	1.12		4V-6486
240	2	wheeled to A/C & loaded	Inflight observation notes	1	1.12		1C-0960
240	2	L/O to ***	Inflight observation notes	1	1.12		1C-0960
240	2	monitor remains SVT rate 180-185	Inflight observation notes	1	1.35		
240	2	O2 cont at 15 liters/NRB	Additional Nurses Notes	1		1.121	2K-3320
240	2	Pulse-ox 100% SaO2	Additional Nurses Notes	1		1.121	2K-3350
240	2	Lidocaine repeated "with" 50mg bolus	Additional Nurses Notes	1	1.12		2N-4150

240	2	total 1.5mg/kg	Additional Nurses Notes	0			
240	2	"without" change in rhythm	Additional Nurses Notes	1	1.13		
240	2	B/P 105/180 - 140/89	Additional Nurses Notes	1	1.13		
240	2	pt states 'doing fine'	Additional Nurses Notes	1	1.13		
240	2	denies chest pain	Additional Nurses Notes	1	1.13		
240	2	RR = 32-36 bpm	Additional Nurses Notes	1	1.13		
240	2	report called to *** "with" medical control contact "with" 19'' ETA	Additional Nurses Notes	1	1.12		6b-7960
240	2	orders per Dr *** to not attempt further meds	Additional Nurses Notes	0			
240	2	pt "with" hx of refractory A Flutter requiring elective cardioversion	Additional Nurses Notes	0			
240	2	to cardiovert pt if becomes hemodynamically unstable	Additional Nurses Notes	0			
240	2	pt's forehead diaphoretic (rest of body cool & dry)	Additional Nurses Notes	0			
240	2	c/o nausea	Additional Nurses Notes	0			
240	2	given phenergan 12.5mg IV	Additional Nurses Notes	1	1.12		2N-4044
240	2	"with" eventual improvement in nausea (no emesis	Additional Nurses Notes	0			
240	2	drop in B/P to 56/31 - 88/P	Additional Nurses Notes	0			
240	2	pt given valium 7.5mg IV	Additional Nurses Notes	1	1.12		2H-2260

240	2	in preparation for cardioversion	Additional Nurses Notes	1	1.12	2N-4040/ 4U-6140
240	2	pt cardioverted "with" 50 J by flight medic	Additional Nurses Notes	1	1.12	2N-4040/ 4U-6140
240	2	"with" resultant change in rhythm to SR/ST "with" PAC's	Additional Nurses Notes	0		
240	2	pt responsive to verbal stimuli	Additional Nurses Notes	0		
240	2	"with" adeq resp drive	Additional Nurses Notes	0		
240	2	O2 cont per NRB mask	Additional Nurses Notes	1	1.121	2K-3320
240	2	T/D & cold off load completed	Additional Nurses Notes	1	1.12	1C-0960
240	2	Pt. transferred to ED	Additional Nurses Notes	1	1.12	1C-0960
240	2	released to care of staff & Dr. *** "with" updated report	Additional Nurses Notes	1	1.12	6b-7960
240	2	rhythm remains SR/ST "with" PAC's	Additional Nurses Notes	0		
240	2	pt awake & talking	Additional Nurses Notes	0		
240	2	rhythm strip	cardiac rhythm record	0		
240	2	rhythm strip after lidocaine	cardiac rhythm record	0		
240	2	rhythm strip cardioversion	cardiac rhythm record	0		
240	2	rhythm strip after cardioversion	cardiac rhythm record	0		
241	3	Ground		0		
241	3	Helicopter		0		
241	3	RN		0		
241	3	EMT-P		0		
241	3	Pilot		0		
241	3	Ride-a-long		0		
241	3	Call rec'd		0		
241	3	Dispatched		0		
241	3	Dep.		0		
241	3	Arr.		0		

241	3 Dep.		0	
241	3 Arr.		0	
241	3 Dep.		0	
241	3 Arr.		0	
241	3 Dep.		0	
241	3 Arr.		0	
241	3 Referring facility		0	
241	3 Referring MD		0	
241	3 Hosp. unit		0	
241	3 Receiving facility		1	1.35
241	3 Receiving MD		0	
241	3 Pt. name		0	
241	3 SS#		1	1.25
241	3 DOB		1	1.26
241	3 Sex		1	1.27
241	3 WT		0	
241	3 Age		0	
241	3 Address		1	1.29
241	3 City		1	1.29
241	3 State		1	1.29
241	3 Zip		1	1.29
241	3 Telephone		0	
241	3 Transport Dx: Acute MI		0	
241	3 Allergies: NKA		0	
241	3 Guarantor name		0	
241	3 SS#		0	
241	3 Employer	Employer	0	
241	3 Address	Employer	0	
241	3 City	Employer	0	
241	3 State	Employer	0	
241	3 Zip	Employer	0	
241	3 Telephone	Employer	0	
241	3 Primary ins		1	1.36
241	3 Secondary ins		1	1.36
241	3 Patient valuables: with pt to cath lab		0	
241	3 Patient family: None		0	
241	3 Lasix	Meds home	0	
241	3 K	Meds home	0	
241	3 Cardiazem	Meds home	0	
241	3 ASA	Meds PTA	0	

241	3	Nitro qh	Meds PTA	0		
241	3	Heparin 5000 unit bolus	Meds PTA	0		
241	3	IV size		1	1.12	2N-4200
241	3	L Ante	Site/Sol/Additive	1	1.12	2N-4200
241	3	.9%NS	Site/Sol/Additive	1	1.12	2N-4200
241	3	R hand	Site/Sol/Additive	1	1.12	2N-4200
241	3	Heparin	Site/Sol/Additive	1	1.12	2N-4060
241	3	L	Site/Sol/Additive	1	1.12	2N-4200
241	3	Pigg bag Nitro	Site/Sol/Additive	1	1.12	2N-4150/ *2N-4044
241	3	Rate		1	1.12	2N-4200
241	3	Preflight IV	I & O	0		
241	3	Inflight IV	I & O	0		
241	3	Preflight oral	I & O	0		
241	3	Inflight oral	I & O	0		
241	3	Preflight total in	I & O	0		
241	3	Inflight total in	I & O	0		
241	3	Preflight Est Bld loss	I & O	0		
241	3	Inflight Est Bld loss	I & O	0		
241	3	Preflight urine	I & O	0		
241	3	Inflight urine	I & O	0		
241	3	Preflight emesis NG	I & O	0		
241	3	Inflight emesis NG	I & O	0		
241	3	Preflight total out	I & O	0		
241	3	Inflight total out	I & O	0		
241	3	Patient hearing protection		0		
241	3	Crew hearing protection		0		
241	3	Patient secured to stretcher		0		
241	3	Stretcher secured		0		
241	3	Gloves	Protective equip	0		
241	3	Gown	Protective equip	0		
241	3	Mask	Protective equip	0		
241	3	Other protective devices		0		
241	3	Infectious disease- "none"		0		
241	3	Time pt accepted		0		

241	3	Report from		0		
241	3	BP		0		
241	3	Temp		0		
241	3	P		0		
241	3	R		0		
241	3	O2 Sat		0		
241	3	Prior Hx COPD	Past Hx	0		
241	3	Angiogram 3 years ago	Past Hx	0		
241	3	Pt c/o chest pain starting at 1200 this day	Past Hx	0		
241	3	3 nitro taken	Past Hx	0		
241	3	without relief of pain	Past Hx	0		
241	3	Rested after noon	Past Hx	0		
241	3	without relief	Past Hx	0		
241	3	Came to ER	Past Hx	0		
241	3	with pain at 7-8 on 0-10 10scale	Past Hx	0		
241	3	Pt given ASA	Past Hx	0		
241	3	and started on Heparin	Past Hx	0		
241	3	Nitro given	Past Hx	0		
241	3	with drop in HR and BP- DC'd	Past Hx	0		
241	3	Followed by fluid bolus	Past Hx	0		
241	3	Nitro PO started	Past Hx	0		
241	3	Pain on arrival of 1-2	Past Hx	0		
241	3	Warmth applied		1	1.12	1E-1380
241	3	Oral airway		1	1.12	2K-3120
241	3	X-ray: chest		0		
241	3	Esophageal obsturator		1	1.12	2K-3120
241	3	Endotracheal intubation		1	1.12	2K-3120
241	3	Endotracheal intubation Size		1	1.12	2K-3120
241	3	Endotracheal intubation By whom		1	1.12	2K-3120
241	3	Oxygen-15 L/M		1	1.12	2K-3320
241	3	Oxygen method NRM		1	1.12	2K-3320
241	3	Cardiac monitor		1	1.12	2N-4090/ 2N-4044

241	3	ST "increase" 23, AVF	EKG	0		
241	3	Q wave present II, III, AVF, V5-V6	EKG	0		
241	3	Splint type		1	1.12	1C-0910
241	3	Splint size		1	1.12	1C-0910
241	3	Traction type		1	1.12	4U-6200
241	3	Traction size		1	1.12	4U-6200
241	3	C-collar soft		1	1.12	4U-6200
241	3	C-collar CID		1	1.12	4U-6200
241	3	Backboard		1	1.12	4U-6200
241	3	Straps		1	1.12	4U-6200
241	3	Scoop		1	1.12	4U-6200
241	3	KED		1	1.12	4U-6200
241	3	Foley size		1	1.12	1B-0580/ 2N-4150
241	3	Nasal	Mast trousers	1	1.12	2N-4258/ 4U-6200
241	3	Legs	Mast trousers	1	1.12	2N-4258/ 4U-6200
241	3	Legs and abdomen	Mast trousers	1	1.12	2N-4258/ 4U-6200
241	3	Rt needle decompression		1	1.12	*7
241	3	Lt needle decompression		1	1.12	*7
241	3	Cric type		1	1.12	*2K-3120
241	3	Cric size		1	1.12	*2K-3120
241	3	External pacer rate		1	1.12	2N-4150/ 2N-4090/ 2N-4040
241	3	External pacer MA		1	1.12	2N-4150/ 2N-4090/ 2N-4040
241	3	Defib/Cardiovert joules		1	1.12	2N-4040/ 4U-6140
241	3	LAbs: CRMB 26		0		
241	3	Pt name		0		

241	3	Normal cephalic	Preflight assessment-Head/Neck/Trachea	0
241	3	Neck supple	Preflight assessment-Head/Neck/Trachea	0
241	3	Trachea midline	Preflight assessment-Head/Neck/Trachea	0
241	3	Moble	Preflight assessment-Head/Neck/Trachea	0
241	3	GCS = 15	Preflight assessment-Neuro	0
241	3	A/O x3	Preflight assessment-Neuro	0
241	3	Speech clear approp.	Preflight assessment-Neuro	0
241	3	Denies h/A	Preflight assessment-Neuro	0
241	3	Visual "changes"	Preflight assessment-Neuro	0
241	3	Breath sounds clear bilat	Preflight assessment-	0
241	3	Scattered wheezes noted bilat. base	Preflight assessment-	0
241	3	Cheat excursion symm.	Preflight assessment-	0
241	3	"with" "equal" aerations	Preflight assessment-	0
241	3	Resp. eupneic	Preflight assessment-	0
241	3	O2 @ 10L	Preflight assessment-	0
241	3	Nonrebreather	Preflight assessment-	0
241	3	barrel chested in appearance	Preflight assessment-C/V	0
241	3	utilizing inhaler PRN	Preflight assessment-C/V	0
241	3	Monitor shows sinus tachy "with" Q wave	Preflight assessment-C/V	0

241	3	present "with" depressed ST seg	Preflight assessment-C/V	0
241	3	lead II rare PVC unifocal	Preflight assessment-C/V	0
241	3	S1 S2 "no" SVD	Preflight assessment-C/V	0
241	3	Midsternal chest pain 2-3 on scale 1-10	Preflight assessment-C/V	0
241	3	PPP X 4 +1	Preflight assessment-C/V	0
241	3	Cap. refill "less than" 2 sec	Preflight assessment-C/V	0
241	3	Abd. soft, round, nontender	Preflight assessment- GI/GU	0
241	3	BS X 4	Preflight assessment- GI/GU	0
241	3	"no" nausea	Preflight assessment- GI/GU	0
241	3	Void QS	Preflight assessment- GI/GU	0
241	3	MAES "without" diff	Preflight assessment-	0
241	3	"Negative" back, pelvis	Preflight assessment-	0
241	3	Skin warm	Preflight assessment-	0
241	3	Sl. diaphoretic	Preflight assessment-	0
241	3	Color pale	Preflight assessment-	0
241	3	INT X 2	Preflight assessment-	0
241	3	Lt antecub	Preflight assessment-	0
241	3	Rt hand	Preflight assessment-	0
241	3	S tachy	Preflight assessment- ECG	0
241	3	Pupil graphic	Preflight	0
241	3	Body graphic	Preflight	0
241	3	Time loaded stretcher		0
241	3	Pt. straps On		0

241	3	Pt. teaching Yes		0
241	3	Secured to BK/Amb. Yes		0
241	3	Pt. hearing protection Yes		0
241	3	Family teaching No		0
241	3	Assessment complete	Preflight intervention	0
241	3	Routine packaging	Preflight intervention	0
241	3	BP	Flight patient assessment	0
241	3	P	Flight patient assessment	0
241	3	R	Flight patient assessment	0
241	3	O2 Sat	Flight patient assessment	0
241	3	Secured to BK911	Flight patient assessment-Pt. status/Rhythm	0
241	3	Pt. cont. to have minimal chest pain 1-2 very much "decreased"	Flight patient assessment-Pt. status/Rhythm	0
241	3	Resp eupneic	Flight patient assessment-Pt. status/Rhythm	0
241	3	pt. calm	Flight patient assessment-Pt. status/Rhythm	0
241	3	resting quieting	Flight patient assessment-Pt. status/Rhythm	0
241	3	utilized inhaler "for" 1	Flight patient assessment-Pt. status/Rhythm	0
241	3	Monitor shows S Tachy	Flight patient assessment-Pt. status/Rhythm	0
241	3	Rare PVC	Flight patient assessment-Pt. status/Rhythm	0

241	3	"no" "changes"	Flight patient assessment-Pt. status/Rhythm	0		
241	3	resting quietly	Flight patient assessment-Pt. status/Rhythm	0		
241	3	report to RRCC	Flight patient assessment-Pt. status/Rhythm	0		
241	3	"no" "change" in heart rhythm	Flight patient assessment-Pt. status/Rhythm	0		
241	3	Pt. c/o of slight "increase" in chest pain	Flight patient assessment-Pt. status/Rhythm	0		
241	3	Ntg "increased" to 30 mic = 18cc/"hour"	Flight patient assessment-Medications/O2/IV	1	1.12	2N-4150/ *2N-4044
241	3	Monitor shows S tachy	Flight patient assessment-Pt. status/Rhythm	0		
241	3	rare PVC	Flight patient assessment-Pt. status/Rhythm	0		
241	3	ST seg "decrease"	Flight patient assessment-Pt. status/Rhythm	0		
241	3	Resp. unlabored	Flight patient assessment-Pt. status/Rhythm	0		
241	3	Slight "decrease" in CP	Flight patient assessment-Pt. status/Rhythm	0		
241	3	pt. resting comfortably	Flight patient assessment-Pt. status/Rhythm	1	1.13	
241	3	Cool off load to cath lab.	Flight patient assessment-Pt. status/Rhythm	1	1.12	1C-0960
241	3	DR *** met us for update assessment at doorway	Flight patient assessment-Pt. status/Rhythm	0		

241	3	"no" "change" in rhythm	Flight patient assessment-Pt. status/Rhythm	1	1.13	
241	3	S tachy "with" rare PVCS	Flight patient assessment-Pt. status/Rhythm	1	1.13	
241	3	Ntg @ 30 mic	Flight patient assessment-Medications/O2/IV	1	1.12	2N-4150/ *2N-4044
241	3	Heparin @ 1000 ut/"hour"	Flight patient assessment-Medications/O2/IV	1	1.12	2N-4060
241	3	TS	Flight patient assessment	0		
241	3	GCS	Flight patient assessment	0		
241	3	L pupils 3	Flight patient assessment	0		
241	3	L pupils react 2	Flight patient assessment	0		
241	3	R pupils 3	Flight patient assessment	0		
241	3	R pupils react 3	Flight patient assessment	0		
241	3	Nursing diagnosis: Alt. in cardiac output		1	1.11	
241	3	Monitor	Plan of care	0		
241	3	Nitrates	Plan of care	0		
241	3	anticoagul.	Plan of care	0		
241	3	Inbound report to: RRCC		1	1.12	6b-7960
241	3	Time called		0		
241	3	Unload type		1	1.12	1C-0960
241	3	End flight cond.		1	1.13	
241	3	Unit report to:		1	1.12	6b-7960
241	3	Time		0		
241	3	RN		0		
241	3	EMT-P		0		
241	3	Ride along		0		
242	3	Date		1	1.33	
242	3	Flight No.		1	1.31	
242	3	Flight nurse		0		

242	3	Med cont		0	
242	3	Depart		0	
242	3	Arrive		0	
242	3	Depart		0	
242	3	Arrive		0	
242	3	Ref hosp		0	
242	3	Pt location		0	
242	3	Requestor		0	
242	3	Rec unit		1	1.35
242	3	Miles w PT		0	
242	3	Adm diag Cardiac arrest		0	
242	3	Valuable with staff		0	
242	3	Valuables list shorts, glasses		0	
242	3	Age		0	
242	3	Sex		1	1.27
242	3	Weight		0	
242	3	Allergies unknown		0	
242	3	Sig med history unknown		0	
242	3	65 yo male out with friends	History of incident	1	1.27
242	3	then collapsed clutching chest	History of incident	0	
242	3	Bystanders	History of incident	0	
242	3	stated patient was initially apneic	History of incident	0	
242	3	and pulseless	History of incident	0	
242	3	BLS CPR was started	History of incident	0	
242	3	by bystanders for 30 minutes	History of incident	0	
242	3	Initial medic contact	History of incident	0	
242	3	stated patient was breathing	History of incident	0	
242	3	and had pulses	History of incident	0	
242	3	ECG Rhythm was wide complex tachcardia	History of incident	0	
242	3	with frequent multifocal PVCs	History of incident	0	
242	3	Extrication none		0	

242	3	B/P	Care PTA	0
242	3	HR	Care PTA	0
242	3	RR	Care PTA	0
242	3	O2 Sat	Care PTA	0
242	3	Oxygen 15L/NRB mask	Care PTA	0
242	3	Airway adjunct NPA L nare	Care PTA	0
242	3	Endotracheal tube no	Care PTA	0
242	3	Endotracheal tube	Care PTA	0
242	3	Endotracheal tube Marking	Care PTA	0
242	3	Mask None	Care PTA	0
242	3	Long board	Care PTA- Spinal Immobilization	0
242	3	Hard C-Collar	Care PTA- Spinal Immobilization	0
242	3	Headbed	Care PTA- Spinal Immobilization	0
242	3	Splint None	Care PTA- Splint	0
242	3	Splint type	Care PTA- Splint	0
242	3	Splint location	Care PTA- Splint	0
242	3	IVs Yes	Care PTA- IVs	0
242	3	Solution 0.9NS	Care PTA- IVs	0
242	3	Site L hand	Care PTA- IVs	0
242	3	Gauge 18	Care PTA- IVs	0
242	3	Starting	Care PTA- IVs	0
242	3	Remains	Care PTA- IVs	0
242	3	Medication None	Care PTA- Medication	0
242	3	Time	Care PTA- Medication	0
242	3	Drug name	Care PTA- Medication	0
242	3	Dose	Care PTA- Medication	0
242	3	Route/site	Care PTA- Medication	0
242	3	By whom	Care PTA- Medication	0
242	3	Arterial line No	Care PTA- Arterial line	0

242	3 AL site	Care PTA- Arterial line	0
242	3 AL gauge	Care PTA- Arterial line	0
242	3 AL solution	Care PTA- Arterial line	0
242	3 NG tube No	Care PTA- NG tube	0
242	3 Suction	Care PTA- NG tube	0
242	3 NG size	Care PTA- NG tube	0
242	3 NG DRN amt	Care PTA- NG tube	0
242	3 Char	Care PTA- NG tube	0
242	3 Chest tube No	Care PTA- Chest tube	0
242	3 Site #1	Care PTA- Chest tube	0
242	3 Size #1	Care PTA- Chest tube	0
242	3 DRN amt #1	Care PTA- Chest tube	0
242	3 Char #1	Care PTA- Chest tube	0
242	3 Site #2	Care PTA- Chest tube	0
242	3 Size #2	Care PTA- Chest tube	0
242	3 DRN amt #2	Care PTA- Chest tube	0
242	3 Char #2	Care PTA- Chest tube	0
242	3 Foley No	Care PTA- Foley	0
242	3 Size F	Care PTA- Foley	0
242	3 DRN amt F	Care PTA- Foley	0
242	3 Char F	Care PTA- Foley	0
242	3 Signature		0
242	3 Initial contact time	Assessment	0
242	3 BP	Assessment	0
242	3 HR	Assessment	0

242	3	RR	Assessment	0
242	3	O2 Sat	Assessment	0
242	3	AAO x 0	Assessment-Neuro	0
242	3	Withdraws to painful stimuli	Assessment- Neuro	0
242	3	PERL 3mm	Assessment- Pupils	0
242	3	Pale	Assessment- Skin signs	0
242	3	cool	Assessment- Skin signs	0
242	3	and dry	Assessment- Skin signs	0
242	3	Gag reflex Yes	Assessment	0
242	3	Atraumatic	Assessment-Head/Neck/Face	0
242	3	Bleeding from bilateral nares	Assessment-Head/Neck/Face	0
242	3	Vomitus from mouth and nose dark maroonish	Assessment-Head/Neck/Face	0
242	3	foul smelling with food particle present	Assessment-Head/Neck/Face	0
242	3	midline	Assessment-Trachea	0
242	3	Unable to assess d/t c-collar	Assessment- JVD	0
242	3	symmetrical	Assessment-Chest expansion	0
242	3	Clear but diminished in bases bilaterally	Assessment- Lung sound	0
242	3	Palpation stable	Assessment	0
242	3	Cardiovascular cap refill "less than" 2 Sec	Assessment	0
242	3	Rhythm Wide complex tachycardia	Assessment-Rhythm	0
242	3	with frequent multifocal PVCs	Assessment-Rhythm	0
242	3	Abdomen distended but soft	Assessment	0
242	3	Pelvis Stable	Assessment	0

242	3	Back not visualized d/t immobilized on long board	Assessment	0		
242	3	Pulses X 4	Assessment-Extremities	0		
242	3	Sensation X 4	Assessment-Extremities	0		
242	3	Movement X 4	Assessment-Extremities	0		
242	3	Flexion to noxious stimuli	Assessment-Extremities	0		
242	3	c	CRAMS	0		
242	3	r	CRAMS	0		
242	3	a	CRAMS	0		
242	3	m	CRAMS	0		
242	3	s	CRAMS	0		
242	3	Total	CRAMS	0		
242	3	RR1	RTS scene	0		
242	3	BP1	RTS scene	0		
242	3	E1	RTS scene	0		
242	3	V1	RTS scene	0		
242	3	M1	RTS scene	0		
242	3	GCS1	RTS scene	0		
242	3	Total	RTS scene	0		
242	3	RR2	UCDMC	0		
242	3	BP2	UCDMC	0		
242	3	E2	UCDMC	0		
242	3	V2	UCDMC	0		
242	3	M2	UCDMC	0		
242	3	GCS2	UCDMC	0		
242	3	Total2	UCDMC	0		
242	3	Nelcor	Life flight intervention-Monitor	1	1.121	2K-3320
242	3	Propag	Life flight intervention-Monitor	1	1.121	2N4090/ 2N-4044
242	3	NIBP	Life flight intervention-Monitor	1	1.121	2K-3320

242	3	SaO2	Life flight intervention- Monitor	1		1.121	2K-3320
242	3	EtCO2	Life flight intervention- Monitor	1		1.121	2K-3180
242	3	ECG	Life flight intervention- Monitor	1		1.121	2N-4090/ 2N-4044
242	3	LF Oxygen 100% via BVNET	Life flight intervention	1		1.121	2K-3320
242	3	Decision made to nasally intubate	Life flight intervention- LF airway adjunct	1	1.12		2K-3120
242	3	d/t decreased LOC	Life flight intervention- LF airway adjunct	0			
242	3	and abnormal respiratory pattern	Life flight intervention- LF airway adjunct	0			
242	3	ETT 7.0	Life flight intervention	1	1.12		2K-3120
242	3	OET No	Life flight intervention	1	1.12		2K-3120
242	3	NET Left	Life flight intervention	1	1.12		2K-3120
242	3	By whom	Life flight intervention	0			
242	3	# ATT	Life flight intervention	0			
242	3	Sellick man yes	Life flight intervention	0			
242	3	Secured with nasal twill tie	Life flight intervention	1	1.12		2K-3120
242	3	Secured by	Life flight intervention	0			
242	3	Tube at 4cm hub to nare	Life flight intervention	1	1.12		2K-3120
242	3	Confirmed after securing FEF on	Life flight intervention	1	1.12		2K-3120
242	3	"with" positive color change	Life flight intervention	0			

242	3	Tube at 4cm hub-nar	Life flight intervention	1	1.12	2K-3120
242	3	Confirmed after loading	Life flight intervention	1	1.12	2K-3120
242	3	Cricothyrotomy	Life flight intervention	1	1.12	*2K-3120
242	3	Done by	Life flight intervention	0		
242	3	Needle decompression #1 site	Life flight intervention- needle decompression	1	1.12	*7
242	3	Needle decompression #1 Ga	Life flight intervention- needle decompression	1	1.12	*7
242	3	By	Life flight intervention- needle decompression	0		
242	3	Needle decompression #2 site	Life flight intervention- needle decompression	1	1.12	*7
242	3	Needle decompression #2 Ga	Life flight intervention- needle decompression	1	1.12	*7
242	3	By	Life flight intervention- needle decompression	0		
242	3	long board	Life flight intervention- Immobilization	1	1.12	4U-6200
242	3	head bed	Life flight intervention- Immobilization	1	1.12	4U-6200
242	3	hard c collar	Life flight intervention- Immobilization	1	1.12	4U-6200
242	3	Nursing diagnosis Alteration in tissue perfusion		1	1.11	
242	3	Plan of care Maintain adequate ventilation and circulation		0		

242	3	Bag #	IV fluid and blood product administration	0			
242	3	Type of flyud- 0.9NS	IV fluid and blood product administration	1		1.121	2N-4200
242	3	Type of fluid- 2G Lido/250 D5W	IV fluid and blood product administration	1	1.12		2N-4150
242	3	Taken	IV fluid and blood product administration	0			
242	3	Remain	IV fluid and blood product administration	0			
242	3	LF in	Total intake	0			
242	3	Total in	Total intake	0			
242	3	PTA output incontinent	Total output	0			
242	3	LF out 500cc emesis	Total output	0			
242	3	Total out	Total output	0			
242	3	V.S.		0			
242	3	EtCO2 monitor applied	Nursing management	1	1.12		2K-3180
242	3	SaO2 98%	Nursing management	0			
242	3	Vomited 350cc maroonish drainage with food particles	Nursing management	0			
242	3	Oropharynx suctioned	Nursing management	1	1.12		2K-3160
242	3	#16 IV attempted in LAC	Nursing management	1	1.12		2N-4190
242	3	by RN	Nursing management	0			
242	3	per SO without success	Nursing management	0			
242	3	Landed at ***	Nursing management	1	1.35		
242	3	Unloaded from helo	Nursing management	1	1.12		1C-0960

242	3	FEF	Nursing management	0		
242	3	with "positive" color change	Nursing management	0		
242	3	Bilateral breathsounds auscultated	Nursing management	0		
242	3	Transported to ED via gurney	Nursing management	1	1.12	1C-0960
242	3	To resus A.	Nursing management	0		
242	3	Report to ER team	Nursing management	1	1.12	6b-7960
242	3	GCS 9	Nursing management	0		
242	3	opening eyes spontaneously	Nursing management	0		
242	3	Lidocaine Gtt remains at 2mg/min	Nursing management	1	1.12	2N-4150
242	3	ECG shows SVT with "illeg"	Nursing management	0		
242	3	EKG graphic strip		0		

APPENDIX B

THREE-LEVEL CODING CRITERIA

Flight Nursing Data Elements Coding Criteria

First-level criterion

Werley- Nursing Minimum Data Set

0 = Not in minimum data set

1 = In minimum data set

2 = Not applied

Second-level criterion

Werley- Nursing Minimum Data Set

1.1 = Nursing care element

1.11 = Nursing diagnosis

1.12 = Nursing intervention

1.121 = Assessment and continuing of previous intervention

1.13 = Nursing outcome

1.14 = Intensity of nursing care

1.2 = Patient or client demographic element

1.25 = Personal identification

1.26 = Date of birth

1.27 = Sex

1.28 = Race and Ethnicity

1.29 = Residence

1.3 = Service element

1.31 = Unique health record number of patient or client

1.32 = Unique number of principal registered nurse provider

1.33 = Episode admission or encounter date

1.34 = Discharge or termination date

1.35 = Disposition of patient or client

1.36 = Expected payer for most of this bill

1.37 = Unique facility or service agency number

Third-level criterion

McCloskey-Nursing Intervention Classification

1 = Physiological: Basic

A = Activity and Exercise Enhancement

B = Elimination Management

C = Immobility Management

D = Nutrition Support

E = Physical Comfort Promotion

F = Self-Care Facilitation

2 = Physiological: Complex

G = Electrolyte and Acid-Base Management

H = Drug Management

I = Neurologic Management

J = Perioperative Care

K = Respiratory Management

L = Skin/wound Management

M = Thermoregulation

N = Tissue Perfusion Management

3 = Behavioral

O = Behavioral Therapy

P = Cognitive Therapy

Q = Communication Enhancement

R = Coping Assistance

S = Patient Education

T = Psychological Comfort Promotion

4. = Safety

U = Crisis Management

V = Risk Management

5 = Family

W = Childbearing Care

X = Liftspan Care

6 = Health system

Y = Health System Mediation

a = Health System Management

b = Information Management

7 = Not applied for NIC

APPENDIX C

DATA ELEMENTS MATCHING ONLY THE DEFINITION OF INTERVENTION, NOT THE ACTIVITIES LIST IN THE NIC

Data elements matched the NIC intervention definition

Team	Ch #	Data element	Group name	L1 code	L2 code	L3 code
200	1	Chest tube/ needle thorac	Crew procedures	1	1.12	*2.K-1872
212	3	Chest tube/needle thorac	Procedures - FLT	1	1.12	*2.K-1872
217	4	chest tube	performed by ***	1	1.12	*2.K-1872
223	3	By air ambulance chest tube	Aid to patient	1	1.12	*2.K-1872
223	3	Needle thoracostomy by	Standardized procedures used	1	1.12	*2K-1872
227	1	Chest tube #	Team procedure	1	1.12	*2K-1872
236	1	Needle Thorac.	procedures	1	1.12	*2K-1872
200	1	Cricothyrotomy	Crew procedures	1	1.12	*2K-3120
212	3	Crico/Jet vent	Procedures - FLT	1	1.12	*2K-3120
219	4	CRIC	Assessment and intervention information- Airway intervention	1	1.121	*2K-3120
223	3	ETT Cric	Airway Tx	1	1.12	*2K-3120
223	3	Surgical cricothyrotomy by	Standardized procedures used	1	1.12	*2K-3120
223	3	Needle cricothyroidotomy by	Standardized procedures used	1	1.12	*2K-3120
241	3	Cric type		1	1.12	*2K-3120
241	3	Cric size		1	1.12	*2K-3120
242	3	Cricothyrotomy	Life flight intervention	1	1.12	*2K-3120
218	3	Airway cleared	Treatment given	1	1.12	*2K-3140
223	3	By air ambulance cleared airway	Aid to patient	1	1.12	*2K-3140
212	3	500 NS "with" IVPB PA @ 35 cc /hr per MTP	Medication in flight-Solution/drug	1	1.12	*2N-4044
219	4	Thrombolytic	Assessment and intervention information-Medication	1	1.121	*2N-4044
223	3	Thrombolytic administration by	Standardized procedures used	1	1.12	*2N-4044
227	1	Solution/drug-TPA	IV fluids / IV drip medication	1	1.121	*2N-4044

227	1	Started on TPA Protocol as well as drips documented	Transport notes	1	1.121	*2N-4044
234	4	TPA bolus 15 mg IV	Medication	1	1.121	*2N-4044
234	4	TPA 50 mg over .5 hr	Medication	1	1.121	*2N-4044
234	4	TPA 35 mg over 1 hr	Medication	1	1.121	*2N-4044
240	2	pt instructed to cough	Inflight observation notes	1	1.12	*2N-4090
240	2	then perform vagal maneuver	Inflight observation notes	1	1.12	*2.N-4090
240	2	both "without" change in HR	Inflight observation notes	1	1.12/ 1.13	*2N-4090
200	1	Medication- "increase" NTG drip to 6 cc = 10 mcg	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Medication- "increase" NTG drip to 12 cc = 20 mcg	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Dose	Medication in flight	1	1.12	2N-4150/ *2N-4044
200	1	Solution/drug- PB NTG 25 mg/250 D5W @ 6 cc/hr/pump = 10 mcg/mins	IV fluids/ IV drip medications	1	1.121	2N-4150/ *2N-4044
203	2	IV solution/drug- 250 cc D5W "with" 25 mg Tridil	IV fluids/ IV drip medications	1	1.12	2N-4150/ *2N-4044
205	3	Nitro IV state 3 cc/hr 5 mcgs	History and previous treatment	1	1.121	2N-4150/ *2N-4044
205	3	Product/volume Nitro 50 mg/500		1	1.121	2N-4150/ *2N-4044
205	3	Nitro remains on @ 5 mcg/min	Treatment enroute	1	1.121	2N-4150/ *2N-4044
211	4	and NTG 5 ug/min	Ax	1	1.121	2N-4150/ *2N-4044
212	3	Nitro gtt 50 mg 1250 @ 20 mcg 6 cc/hr	Medication in flight-Medication	1	1.12	2N-4150/ *2N-4044
212	3	Nitro spray SL "one" metered dose	Medication in flight-Medication	1	1.12	2N-4150/ *2N-4044
212	3	Dose	Medication in flight	1	1.12	2N-4150/ *2N-4044
212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13	2N-4150/ *2N-4044

212	3	Bilat. arm pain 4-5/10	Medication in flight-Effect	1	1.12/ 1.13	2N-4150/ *2N-4044
216	4	Nitro at 25 mcg/min	PE	1	1.121	2N-4150/ *2N-4044
216	4	IV NTG dose dropped to 16 mcg/min	Rx	1	1.12	2N-4150/ *2N-4044
216	4	then discontinued	Rx	1	1.12	2N-4150/ *2N-4044
216	4	discontinued nitroglycerin infusion	*** meds	1	1.12	2N-4150/ *2N-4044
218	3	Nitroglyc.	Medications	1	1.12	2N-4150/ *2N-4044
219	4	Nitroglycerin	Assessment and intervention information-Medication	1	1.121	2N-4150/ *2N-4044
223	3	and NTG gtt 25 mcg	Inflight patient status/comments	1	1.121	2N-4150/ *2N-4044
223	3	NTG "increase" 40 mcg	Inflight patient status/comments	1	1.12	2N-4150/ *2N-4044
223	3	NTG gtt	Medication in flight-medication	1	1.121	2N-4150/ *2N-4044
223	3	NTG gtt "increase"	IV fluid/ IV drip medication-solution/drug	1	1.12	2N-4150/ *2N-4044
223	3	Actual dose	IV fluid/ IV drip medication	1	1.12	2N-4150/ *2N-4044
224	3	L NS "with" 50 mg Tridil titrate (39 cc = 110 Mcg)	IV Sol/Med	1	1.12	2N-4150/ *2N-4044
234	4	NTG gtt 20 mcg/min	Medication	1	1.12	2N-4150/ *2N-4044
234	4	Tridil 25 mg/250 cc D5W	Medication	1	1.12	2N-4150/ *2N-4044
234	4	NTG "increased" to 25 mcg/min	Inflight status	1	1.12	2N-4150/ *2N-4044
234	4	8 NTG gtt via pump	interventions	1	1.12	2N-4150/ *2N-4044
235	1	NTG iv infusion via Baxter pump	comments/HPI- TX	1	1.121	2N-4150/ *2N-4044
235	1	NTG infusion titrated to 35 mcg/min	comments/HPI- TX	1	1.121	2N-4150/ *2N-4044

235	1	nitroglycerin (nitro/NG) 20 mcg IV	medications administered	1	1.12	2N-4150/ *2N-4044
235	1	improved	response to treatment	1	1.12/ 1.13	2N-4150/ *2N-4044
241	3	Pigg bag Nitro	Site/Sol/Additive	1	1.12	2N-4150/ *2N-4044
241	3	Ntg "increased" to 30 mic = 18 cc/"hour"	Flight patient assessment-Medications/O2/IV	1	1.12	2N-4150/ *2N-4044
241	3	Ntg @ 30 mic	Flight patient assessment-Medications/O2/IV	1	1.12	2N-4150/ *2N-4044
211	4	given 2 mg MS IVP prior to transport	Rx/Tx	1	1.12	2H-2210/ *2N-4044
223	3	MS	Medication in flight-medication	1	1.121	2H-2210/ *2N-4044

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